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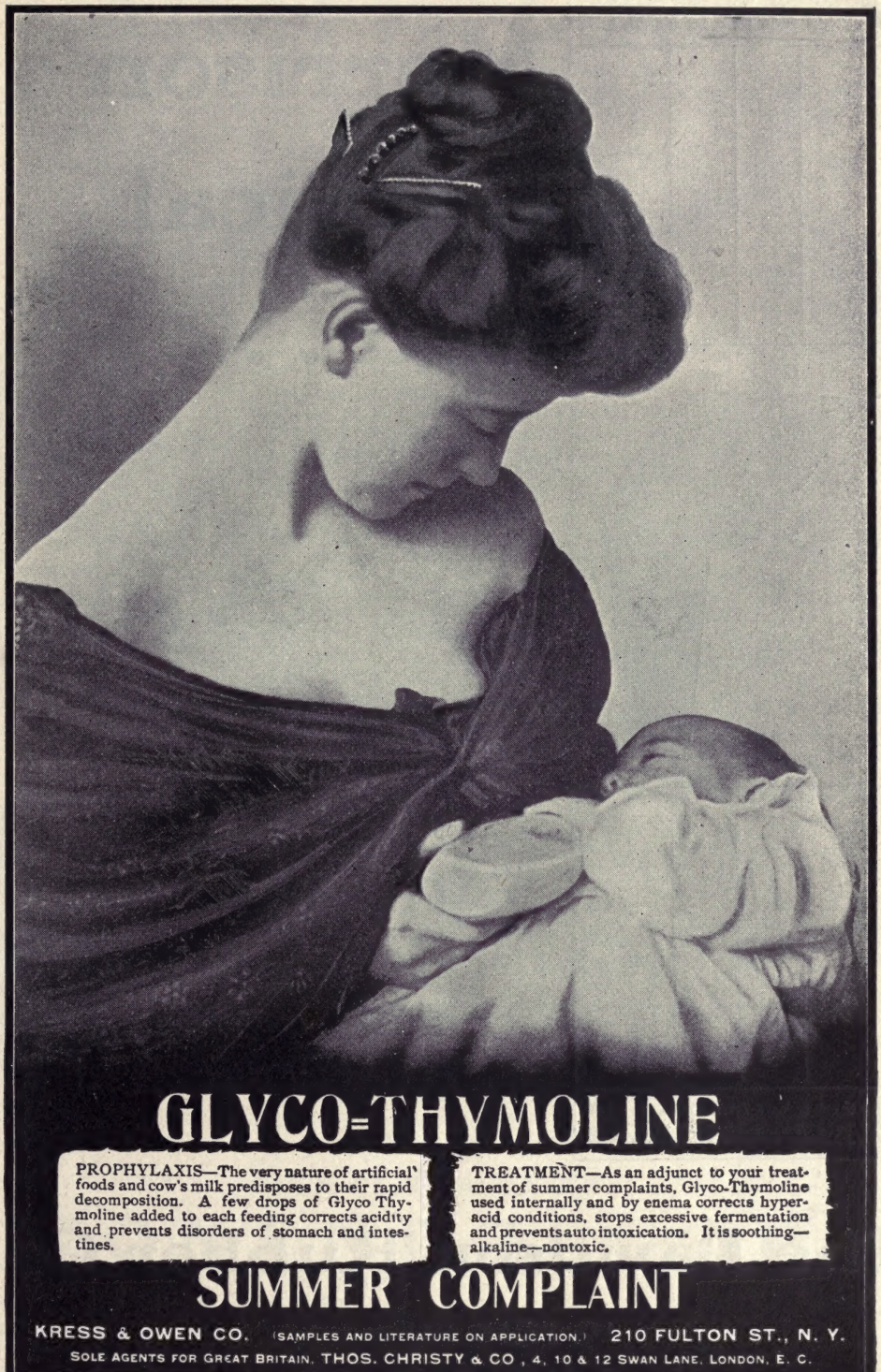
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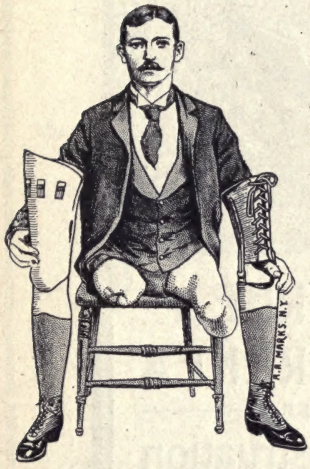

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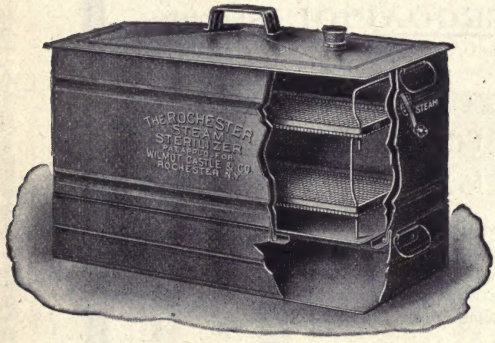

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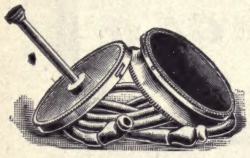

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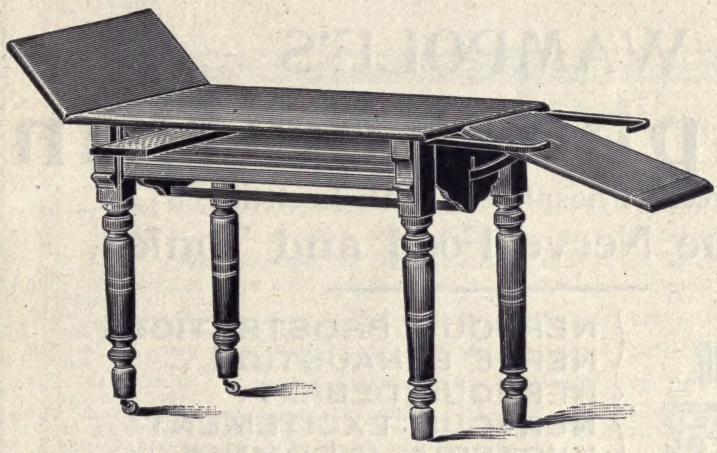

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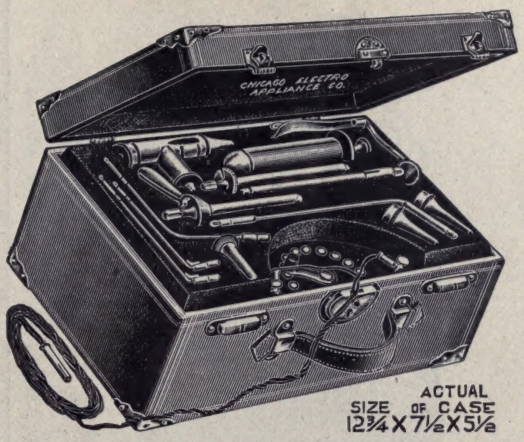

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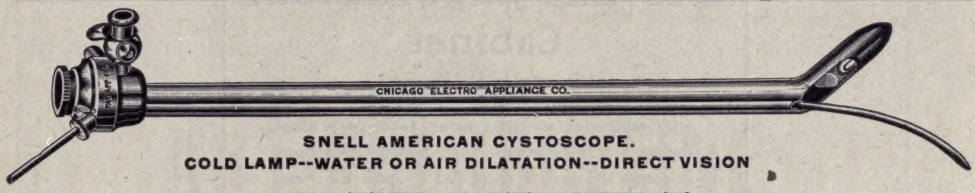

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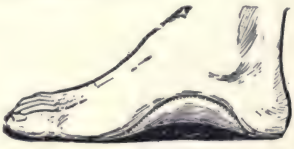

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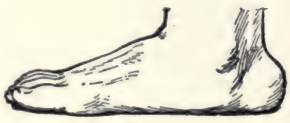

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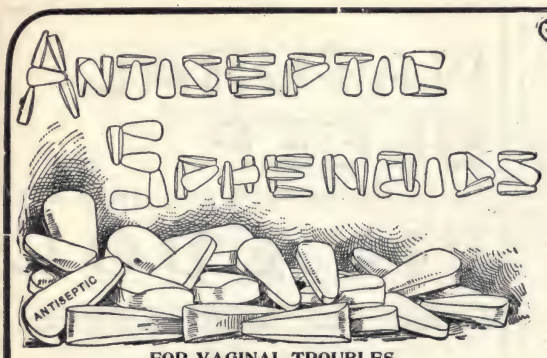

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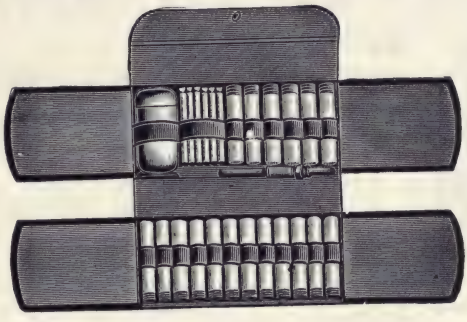

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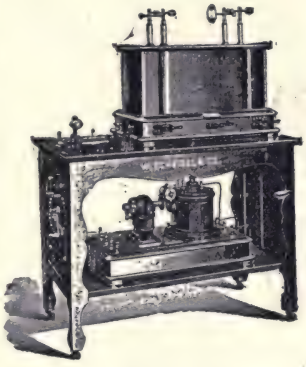

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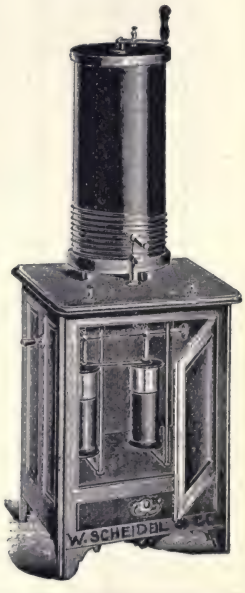

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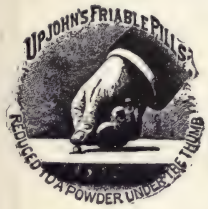

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THE DETROIT MEDICAL JOURNAL.

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URETERAL CALCULUS; OPERATION; CURE.*

By J. B. KENNEDY, M. D.
Detroit, Mich.

Ureteral calculus, a rather infrequent complication of stone in the kidney, is primarily due to the retention and impaction of a migrating renal calculus, traceable either to the volume or the rugosities of such concretions. One can hardly conceive of their originating within the lumen of a channel continually flushed by descending secretions, yet salivary calculi, generated within a much shorter duct, are by no means rated among the curiosities of medicine. Given a calculus concretion in the kidney, one of several issues may obtain: either the patient will go through life unscathed, at the most experiencing a few slight attacks of what he calls "side-ache;" or again he may fall a victim to the typical spells of renal colic which become so protracted and severe as to jeopardize his very life, entailing at any rate a wake of complications either one of which becomes a menace to the patient's future; or again the concretion —following the flow of urine—engages in the ureter and either passes along into the bladder, or becomes impacted and requires the surgeon's assistance for its removal. It is not so very long since the profession had the temerity to operate for ureteral obstruction; only since Durham (1870) has nephrotomy become a current operation; and less than twenty years ago Henry Morris, surgeon to Middlesex Hospital, London, (England) wrote in the *Am. Jrl. Med. Sc.* for October, 1884, that "calculi, impacted in intermediate parts of the ureter, are practically beyond the reach of the surgeon."

Ureteral calculi generally hitch within the first or the last inch of the canal; only once in eight, on an average, does the concretion become arrested at another point in the urinary duct. Unless discharged into the bladder such a calculus is liable to increase by continued accretion of urinary salts; if the urine, for instance, has an acid reaction we may find secondary deposits of uric acid. (This is the usual occurrence, oxalic acid being present only in about 14 per cent. of the cases. If on the other hand we get an alkaline reaction—where, the urinary tract having become contaminated, the secretions undergo septic decomposition —we may notice a deposit of carbonates or phosphates. These adventitious deposits occurring on impacted calculi tend to impart a roughened, burry appearance to concretions the general configuration of which is oblong, cylindroid, conical or ovoid in appearance.

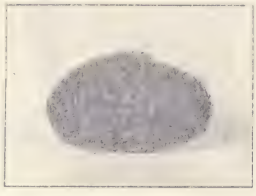
Up to the time of Roentgen's discovery surgeons found it "impossible to give a satisfactory reply (as to the symptoms of ureteral impaction), not only because the symptoms of calculus, as distinguished from nephralgia, scrofulous disease of the urinary organs, and other renal affections, are by no means certain and

*Written for the Detroit Medical Journal.
Detroit, Mich., July 15, 1904.

characteristic, but because, moreover, there are no certain means of determining whether a calculus, when present, is in the calyx or pelvis of the kidney, or in the ureter; and none at all of deciding whether a calculus, when impacted, is at the upper, middle, or lower part of the ureter." (Morris, loco citato.)

On October 25, '03, W. K., male, age 27, was referred to me by Dr. E. W. Haass, with the following history:

Patient when quite young, had attacks of what he called "side-ache," which would come on after running, jumping, or indulging in any other form of violent exercise. Paroxysms were not very severe, and considered by his parents as partaking of the nature of "growing-pains," a diagnosis concurred in by the family physician. In 1897, when about 21 years of age, the painful sensations became fixed in the left lumbar region, and acquired especial severity. Patient at that time consulted Dr. Guy L. Kiefer, who diagnosed renal calculus. Aside from the severe pains in the back, and an occasional spell of renal colic accompanied by nausea and vomiting, patient presented no other symptoms. Repeated urinalysis, undertaken at the time, failed to disclose anything abnormal. Patient was put on solvents, lithia, piperazin, urotropin, etc. Failure of relief by the use of large doses of these various drugs, employed with commendable persistency, confirmed Dr. Kiefer in his opinion that the stone was too large to be passed entire, and could not be dissolved, so that relief was to be sought at the hands of the surgeon. Patient disregarding this advice "went the rounds of the profession." The same course of medication was persisted in, supplemented most of the time with opiates, in order to control the severe, painful paroxysms. Finally, in October, '03, he consulted Dr. Haass, who felt certain that he could locate a large stone in the left ureter, a short distance above the bladder. Dr. Haass requested me to see the patient in consultation, and together we diagnosed ureteral calculus, and advised operation. A skiagraph, made by Dr. P. M. Hickey, demonstrated the presence of a stone in the specified location. With this perfect and absolute demonstration of an existing calculus, patient agreed to the operation, and entered Grace Hospital, Detroit. On November 2, I removed the calculus by extraperitoneal ureterolithotomy through an iliac incision, recommended and introduced by Sir P. Crampton nearly one hundred years ago for the ligature of the common iliac artery, which he describes in the following unique terms: "The first



incision commenced at the anterior extremity of the last false rib, proceeding directly downwards to the ilium; it followed the line of the crista ilii, keeping a very little within its inner margin, until it terminated at the superior anterior spinous process of that bone; the incision was therefore chiefly curvilinear, the concavity looking towards the navel. The abdominal muscles were then divided to the extent of about an inch, close to the superior anterior spinous process, down to the peritoneum; into this wound the forefinger of the left hand was introduced, and passed slowly and cautiously along the line of the crista ilii, separating the peritonæum from the fascia iliaca. A probe-pointed bistoury was now passed along the finger to its extremity, and by raising the heel of the knife, while its point rested firmly at the end of the finger as on a fulcrum, the abdominal muscles

were separated from their attachments to the crista ilii by a single stroke. By repeating this manoeuvre the wound was prolonged until sufficient room was obtained to pass down the hand between the peritonæum and the fascia iliaca. Detaching the very slight connections which lay the great iliac artery, nearly as large as my finger, beating awfully, * * * its yellowish-white coat contrasting strongly with the dark blue of the iliac vein, which lay beside it, and seemed nearly double its size; the ureter in its course to the bladder lay like a white tape

these parts have with each other, I was able to raise up the peritonæal sac, with its contained intestines, on the palm of my hand from the psoas magnus and iliacus internus muscles, and thus obtain a distinct view of all the important parts beneath; and assuredly a more striking view has seldom been presented to the eye of the surgeon. The parts were unobscured by a single drop of blood: there across the artery, but in the process of separating the peritonæum it was raised from it with that membrane, to which it remained attached. The fullness of the iliac vein seemed to vary from time to time, now appearing to rise above the level of the artery, and now to subside below it. * * *"

The calculus was found to be impacted at a point about an inch above the vesical orifice of the ureter. A longitudinal incision allowed of its removal. I closed the ureteral incision

Note—This X-ray print was made without retouching. It is an excellent example of X-ray work.

with a continuous fine catgut suture and the incision in the abdominal wall was closed by three rows of sutures. Not a drop of oozing appeared from the incision, and after a complete and uneventful recovery patient left the hospital on November 23, three weeks after the operation. Up to the present he has been in perfect health.

The accompanying illustrations vouchsafe an exact reproduction of the skiagraph, showing the stone in situ, and the calculus itself as it appeared after removal. It may prove interesting to know that the concretion weighed exactly 58 grains.

410 Washington Arcade.

PRURITUS ANI.*

By WM. L. DICKINSON, A. M., M. D.,
Saginaw, Mich.
Professor Rectal Diseases, Michigan College Medicine and Surgery, Detroit.

Pruritus Ani, or itching in the rectum, at or near the anus, is a symptom and not a disease. It may be secondary to every known disease of the rectum and anus, as hæmorrhoids, fissure, fistula, ulceration, stricture, proctitis, polyps, constipation, carcinoma, chancre, chancroids, mucous patches, etc., or it may be caused by an irritating discharge oozing from the anus, the result of disease high up in the intestine. The itching may be most intense from the presence of threadworms. Gout, rheumatism, Bright's disease, and diabetes mellitus are also exciting causes. Dermatologists tell us "there is a variety of pruritus due to some central neurosis,: and not to any pathological changes in the itching parts." Bronson says: "It is often due to irritations originating from the rectum or regions high up, or possibly from a strictured urethra, but it is much more apt to be associated with those general conditions mentioned above. The appearance of the anus in this affection is characteristic. It has a whitish, sodden look that is usually accompanied with a foul-smelling secretion. The folds are swollen and the furrows deepened. Often the effect of scratching is to complicate it with eczema. It is one of the most distressing forms of the disease."

*Read before the Saginaw County Medical Society, February, 1904.

Allingham thinks there is always some pathological or functional cause for the pruritus. He does not limit it to some simple local change, or disease at the anal verge, but attributes it to constitutional and general conditions.

Tuttle says: "There is no such thing as pruritus ani essentialis, strictly understood; but, on the contrary, every case of pruritus, however mild or severe, will find a cause in some local or general functional or pathological change."

To the physician, pruritus ani is merely a symptom, consequent to numerous pathologic conditions; while to the patient it is an agony beside which pain would be a real pleasure. There is itching of the anus, but a different itching from that which is felt in any other part of the body; often coming on after the patient has retired for the night, scratching does not give relief, and this intense itching seems to be out of all proportion to the changes in the anal parts. Another peculiar feature of the ailment is that the longer it lasts the harder it gets.

Itching is the predominant symptom, and with some it comes on after the patient gets warm in bed, while with others it comes on any time during the day. A sudden change from cold to heat produces an intense pruritus in some per-

sons, while in others, anxiety or overwork is the exciting cause. I have had three patients tell me that a change in diet would bring on an attack. The itching is most distressing, and nearly drives the patient wild. As a result of this condition, nervous and physical phenomena appear. Upon making an ocular examination, in an old case of pruritus, we find denuded spots about the anal margin, caused by the finger nails, also thickened and œdematous folds, a disappearance of the normal pavement epithelium, a white and sodden appearance of the epidermis, together with a moist and foul-smelling secretion; or a very dry condition of the mucous membrane, which easily cracks when it is distended by a large fæcal mass. In the greater number of cases, the skin becomes white and glazed, thickened, rigid, and harsh, with a sensation of roughness to the examining finger. In most cases the sphincter muscle becomes hypertrophied, but in exceptional cases the anus becomes somewhat patulous. The itching area may extend to the vulva, or scrotum and under surface of the penis. I can recall one case where the area extended not only to scrotum and under surface of penis, but for six or seven inches down the inside of each thigh.

When we come to treatment, we have to determine the cause of the irritation and remove it, if possible. Should our patient not show any local cause, but be anæmic, neurotic, debilitated, or have a gouty, rheumatic, tubercular, or syphilitic diathesis; or suffer from Bright's disease, diabetes, disease of liver or heart, constipation, auto-intoxication, etc., we will treat such condition thoroughly. Should the itching be due to thread-worms, ordinarily injections of salt or lime-water or turpentine will destroy them. Disease of the colon, sigmoid, rectum and anus must always be cured before the pruritus can be.

The palliative treatment consists in regulating the habits and diet of the patient. Alcoholics and beer should be prohibited. Tea, coffee, and cocoa should be used very sparingly. A diet consisting of bread, milk, eggs, nourishing soups, broiled steak, and fresh fish should be prescribed. Hot cakes, pastries, cheese, cabbage, oatmeal, beans, pork, salt fish, lobster, and starchy or highly seasoned foods should be avoided. Insist upon regular hours for eating and sleeping. Regulate the stools with natural mineral water, or give olive oil instead. The parts must be kept clean, by frequent bathing with an antiseptic wash. Protect the excoriated surfaces by placing between the buttocks, gauze or absorbent cotton.. The patient must be warned against scratching the parts with the finger nails, as this only adds fuel to the fire.

To give rest and sleep in some severe cases it will be necessary to administer medicine, but opium and morphine are contra-indicated, as the itching on the folowing day is greatly increased by their use. The bromides, chloral-hydrate, sulphonal, trional and phenacetine will give the best results. In these cases we must be careful not to produce the drug-habit. Cocaine applied locally either in lotion or ointment, sometimes gives much comfort. If there are vegetations, they must be snipped off. Some sufferers obtain temporary relief by bathing the itching area with hot water or by applying compresses wrung out of hot water, while on the other hand, some derive greater benefit from the application of icebags.

To allay the intense and annoying itching, it is well to have the patient apply to the parts, having first bathed them with hot water, a lotion, composed of carbolic acid, thirty drops, and olive

oil one ounce, making the application twice daily. In cases where the integument has become thickened, and there is an entire loss of pigment, we should apply tincture of iodine or pure carbolic acid carefully to the parts. This will make the patient quite sore for a few days, and when healing has taken place, we should paint any remaining spots of thickened integument. Citrine ointment well rubbed into the integument, in some cases, appears to give better results than tincture of iodine or carbolic acid. Our authorities give numerous prescriptions for pruritus ani, and in the majority of cases we will have plenty of time to try the greater number of them before our patient is entirely cured.

A few sufferers will be benefited by a thorough divulsion of the sphincters, apparently from the stretching of the nerves. Mathews removes the entire scarf skin by scraping it away with a sharp curette, while the patient is under ether, and should this not produce a cure, the medicines applied afterward will be more certain of effect.

917 Genesee Ave.

CHRONIC IRRITATION IN THE ETIOLOGY OF CARCINOMA.*

By H. S. OLNEY, M. D.,
Detroit, Mich.

The etiology of carcinoma has been for years the subject of an endless amount of discussion, theorizing, and research, and yet we now apparently as far from a definite solution of the problem as we were years ago. Chronic irritation was one of the first theories advanced and it has been ably championed by such men as Virchow; but lately it has been disregarded and discredited by an increasingly large number of observers. A parasitic origin seems to be the only condition which will fit the "popular scientific mind," if I may use the expression, and many an investigator has succeeded in demonstrating, at least to his own satisfaction, the specific micro-organism. At first bacteria were supposed to be the causative agent, and many and various were the discoveries made. But the exhaustive researches of Sche finally effectually exploded this idea, and aside from a few men who continued work along this line, the majority of the investigators turned their attention to the group of protozoa. The work of Russel, Pfeiffer, Walker, and Plimmer is especially to be noted and commended but resulted in nothing definite in support of their theory. The group of blastomycetes has lately received more or less attention and has found several enthusiastic supporters, but here again anything in the way of definite proof is entirely wanting. The pendulum of opinion seems about ready to swing back to the former ideas, and I propose to give it a gentle push in that direction.

One of the most prominent pathologists who assails the chronic irritation theory states that in the case of the association of gallstones with carcinoma of the gall-bladder, the former are more than probably secondary instead of primary and consequently they could not cause the carcinoma by their irritation. In this connection I would like to mention a case which I reported to the Journal Club in Pathology at Ann Arbor some years ago, and to refer to the literature of the subject to which I then had access.

It is a case of a male aged 43 who died at University Hospital and at the autopsy there was found a primary adenocarcinoma of the gall-bladder, with extensive

*Read before the Section of Internal Medicine, Wayne County Medical Society, April 11, 1904.

metastases in liver, lungs, colon, kidneys, adrenals, pancreas, appendix, omentum, and mesenteric and retroperitoneal lymph glands. In the adhesions near the right adrenal were found several stones, and the weight of evidence tended to show that they had escaped through the wall of the gall-bladder and that the carcinoma developed at the site of the injury. This immediately brought up the question whether gall-stones had any etiological significance in carcinoma of the gall-bladder or whether it was the other way round, the association occurs in far too high a percentage of cases to be purely accidental. Courvoisier found calculi in 91 per cent. of his cases, Musser in 92 per cent., Brodowski in 100 per cent., Ames in 95 per cent., Seigert in 95 per cent., and Murphy in 89 per cent.

In support of the view that the calculi act as local irritants to cause the development of the carcinoma, I found a rather extensive array of facts. 1. A history of biliary colic and the passage of gall-stones is obtained in the majority of cases. In the case of Quetsch, gall-stones had been discharging through a biliary fistula for three years. In the four cases of Reed's, all had had hepatic colic for years. A number have been reported where the gall-bladder showed scars or cicatrices or other signs pointing to the previous escape of gall-stones through rupture of the bladder wall. In the cases which present no such a history it must be borne in mind that gall-stones may exist in the bladder without giving rise to symptoms or may even be passed in the stools without the patient's knowledge. Ord reports several such cases. 2. Seigert found gall-stones in 95 per cent. of primary carcinoma , and in only 15 per cent. in secondary carcinoma of the gall-bladder. Here it will be seen that the percentage of gall-stones is not materially increased in the secondary forms, as Schroeder has shown that gall-stones occur in about 12 per cent. of all subjects coming to autopsy. 3. The fact that primary carcinoma occurs so much more commonly in females than in males, and that the ratio is practically the same as the ratio of the occurance of gall-stones in the two sexes, seems to have some significance. 4. Analogies in other parts of the body, where constant irritation gives rise to carcinoma.

The second view, namely, that the carcinoma develops first, and by concentration of the biliary products tends to cause the formation of the stones, is hardly given any support by the facts. The argument used is about as follows: cholesterin is not a product of metabolism nor a specific product of the liver, but is an exudate from the diseased mucosa of the bladder. When the mucosa is diseased, the bile acids, which, according to Naunyn, are protoplasm poisons, cause extensive exfoliation and hence an increased cholesetrin formation. There is always in the bile of the gall-bladder a number of epithelial cells, single or in clumps, which are undergoing fatty or hyalin degeneration, and which act as a nucleus for the cholesterin deposits. The stagnation of the bile favors the accumulation of germs and these may also act as a nucleus.

Admitting the theory that cholestrein comes from the diseased mucosa, that is no argument that cancer is the cause of this exudate. We must remember that frequently in persons of fifty or sixty years of age, the gall-bladder loses its elasticity and the walls suffer atony; there is an extensive exfoliation of the mucosa and a consequent increase in the quantity of cholesterin. Naunyn thinks

that the carcinoma causes obstruction of the ducts and a consequent stagnation of bile and the formation of gall-stones, but Murphy shows that the seat of the cancer is usually the *fundus* of the bladder. Ord reports a case in which there was occlusion of the bile passages by a cancerous growth, and, in the gall-bladder, at the aperture of the occluded duct, there was found a gall-stone. He concluded from this that the stone was formed after the carcinoma developed but I can see no reason for this belief. The stone may have caused by its irritation the carcinoma which in turn occluded the duct, or other stones may in passing through the duct have caused sufficient traumatism to account for it. But even granting that it was secondary, the main contention is not supported, for the stone was not composed of bile pigment but of the carbonate and phosphate of lime, and hence was a simple degeneration product and not a truegall- stone. A similar case was reported by Cuming, but he demonstrated that the cancer was secondary as his patient had had biliary colic for ten months and had given no signs of cachexia. Another instance is reported by Klebs who found an *old* stone with *commencing* carcinoma of the neck of the gall-bladder.

Another objection raised is that while gall-stones are common, primary carcinoma of the gall-bladder is rather rare. Kaufman says that 5 per cent. of all carcinomas are of the gall-bladder, and Schroeder says that 14 per cent. of all cases of gall-stones, suffer from cancer of the biliary passages. I do not for a moment claim that every case of gall-stones is associated with cancer; what I do maintain is that they produce an irritation and an inflammation, which, in persons with a cancerous diathesis, if I may use this term, causes a "loss of balance in epithelial reproduction and a tendency to excessive cellular proliferation" and ultimately a cancer. This tendency to excessive proliferation can be shown very well in twenty-five cases of gall-stones reported by Warthin. In every one of these cases he found a chronic inflammation and polypoid hyperplasia of the mucosa. Rolleston reports a case where a papilloma was developing near a large gall-stone. The growth was removed by operation, but later the patient came back suffering from a malignant tumor in the same region. Zenker believes that an adenoma is first formed in all these cases and later becomes carcinomatous.

I believe that practically all, if not absolutely all, of the cases of primary carcinoma of the gall-bladder are associated with and caused by gall-stones; and in those cases where none are found, it is due to the fact that they have escaped through ulcerations or perforations or by passage into the intestines; or they have been broken down by pressure or probing and so have escaped notice.

If this is really the case, we would expect to find analogies in other parts of the body, and I will briefly mention a few of the most important examples. 1. Cancer of the lower lip. The occurrence of this condition in smokers is striking. Fordyce says the great majority occur in smokers. In those cases where it occured in women three-fourths of them were smokers. Stoker claims that the use of the pipe is the cause in nearly every case, and Loos, in a study of 565 cases, says that the irritation is the most common cause. One objection raised is that the upper lip is seldom involved, but why should it be? The pressure, especially of the pipe stem which is held between the teeth is mainly and heavily on the lower lip, while the upper lip is frequently moved about in talking or puffing the

smoke. 2. Cancer of the tongue. This also occurs in smokers and is probably due to the stream of hot smoke directed for a long time at one particular spot. Jacobson enumerates a number of precancerous conditions of the tongue such as chronic glossitis, ulcer, fissures, leukoplakia, etc. Hutchinson says that 20 per cent. of the cancers of the tongue develop at the site of old chronic syphilitic inflammations. 3. Cancer of the stomach. That this often develops in an ulcer of the stomach there can be no question. An abundance of cases have been reported, as those by Kelynack, Hemmeter, Ames, and Fütterer. The latter draws some interesting conclusions from his cases and from those in the literature. He says: "If a carcinoma develops from a chronic ulcer of the stomach, the development occurs in those parts of the edges which are most exposed to mechanical irritation from the contents of the stomach. In the pyloric region it is the lower pyloric margin of the ulcer which is most exposed to mechanical irritation and from which the carcinoma develops. But the other parts of the edges may be the ones involved when dilatations and adhesions have changed the position of the organ. Development of carcinoma in ulcers of the stomach in the *pyloric* region occurs with great frequency, while such development occurs much less often in other parts of the stomach." In other regions of the digestive tract we frequently meet with cancer, but Katz comments on the fact that it is very rare in those portions in which the chyme is of a soft consistency —in other words, he thinks that the hardened masses of intestinal contents are of great etiological significance. 4. Cancer of the uterus. Baecker reports 705 cases, and claims that the indirect cause is endometritis. Most cases occurred in women who have borne children, and it was rare in single or sterile women. There was nearly always a chronic catarrhal endometritis. Kapelli agrees with this. Meyer shows how the glandular elements naturally lie in muscular tissue of the uterus, making it very easy for some source of chronic irritation to excite abnormal proliferative tendencies in the epithelial fragments. He reports a case of beginning carcinoma in a cystic adenoma of endometric origin. Stein reports a similar case of carcinoma from displaced mucous membrane and also a case associated with uterine tuberculosis as the exciting cause. In the cervix, fissures and tears irritated by acrid discharges bear a known relation to carcinoma of that region. 5. Warthin reported a case of coexistence of carcinoma and tuberculosis of the mammary gland, and from a careful study of the microscopical sections was convinced that the carcinoma was secondary and occurred from those cells which had been separated from their normal relations with each other and with their basement membrane. Here tuberculosis was the exciting agent, but this is not uncommon. Ribbert claims to have seen this coexistence in eleven cases, in all of which he believes t he carcinoma was excited by the tuberculosis. Carcinoma developing in a lupus patch is a common occurrence. Even the occurrence of carcinoma in lung cavities in chronic pulmonary tuberculosis has been noted by such men as Friedlander, Wolf and Schwalbe, and lately by Grant, of Denver. 6. Carcinoma of the skin from irritants too numerous to mention are constantly met with. Some examples are chimney sweeps' cancer, disseminated epithelioma of sebaceous type in sailors and those exposed to sun and weather, and cancer from scars, ulcers, fistulæ, and cicatrices of the extremities, of which Volkmann collected 128 cases.

If chronic irritation really excites these changes, it is of importance to know how

it does so. In fully matured normal tissue there is a growth equilibrium established which prevents the encroachment of epithelium into the connective tissue or vice versa. All the cells are bound together and in communication by means of the cement substance or the ground substance and we may even think of them as having a mutual attraction just as do the molecules in a chemical compound. Here they are in a condition of stable equilibrium analogous to one of the closed ring compounds, but under certain conditions there may be an unstable equilibrium analogous to the open or unsaturated compounds. This unstable equilibrium is one of the most important conditions in the production of carcinoma. If in normal tissue there occurs a loss of continuity, the loss will be filled by proliferation of the contiguous cells, but the process will be limited and circumscribed by the resistance of the opposed tissues. This is so commonly known that there is no need to dwell on it. However, I might mention one or two good examples. McFarland, in speaking of a rather minute laceration of the cervix, where the muscular bundles had been separated only slightly but where numerous crypts had been left, showed how the epithelium had grown with a branched arrangement fitting into these interstices and had been limited only by the denser tissues beneath. Again, Councilman says that in chronic inflammation the epithelium grows down into the cutis with a branching arrangement, forming a picture of squamous epithelium and even containing epithelial pearls, but limited in growth by the denser tissues beneath. In a condition of chronic irritation, there is an excess blood and lymph supply brought to the spot, and the small round cells penetrate between the tissue cells, pushing them apart and destroying their normal interrelationship. The increased stimulation to which the cells are exposed and the increased pabulum to which they have access and to which they undoubtedly respond, necessitates a display of energy of some form on their part, and naturally, the resistance of the opposing tissues being to a greater or lesser extent removed, they respond by proliferative activity. This proliferation may be checked by the resistance of the tissues beneath, but if the irritation is continued and especially if the opposing tissues are in a condition of decreased vitality or tonicity by reason of atrophic changes, etc., the deeper tissues will be invaded. The cells now having acquired the "habit of growth" as Adami calls it, continue to exhibit proliferation as their natural form of activity. In support of this theory of "habit and growth" Adami cites as an analogous example, cases where the columnar cells of the uterus having been changed to the squamous form by certain causes, and a tumor developing later in that locality, the squamous cells retain their new form and an epithelioma instead of an adenocarcinoma is the result. So with the cancer cells. Having once taken on the habit of growth they act practically as parasites and invade the tissues, form metastases, etc. It may be interesting to note here the work of Bashford and Murray on the mitoses of cancer cells. They found that certain of these cells contained only sixteen instead of thirty-two chromosomes, and in this and other ways they correspond to the gametogenic cells, or those cells which in the normal individual are concerned in the process of reproduction.

To sum up my ideas on this subject in a few words, I believe: 1. It is not necessary to presuppose the existence of embryonic inclusions at the location of the tumor formation, but the carcinoma

may develop from the tissues normally present.

2. Chronic irritation, mechanical or chemical, produces a cellular proliferation, sometimes giving rise to a papilloma or adenoma, and somtimes, when the resistance of the opposing tissues is slight or the irritation longer continued, to a typical carcinoma.

3. Parasites, if present in carcinomatous tissues, have no more etiological significance than any other form of chronic irritation, and hence there are no specific organisms of carcinoma.

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740 Fourteenth Avenue.

VENEREAL STATISTICS IN MICHIGAN.

By ALBERT E. CARRIER, M. D.

If a report had been obtained from all the physicians who were engaged in the practice of medicine in this state on July 1, 1904, estimating from the reports received, there would be in the state of Michigan on that date: Primary syphilis, 2,300 cases; secondary syphilis, 6,200 cases; tertiary syphilis, 4,800 cases.

A total of cases of syphilis of 13,300.

Of the cases of syphilis there would be inherited 1,500 cases.

Innocent syphilis, 800 cases.

Gonorrhœa.

Acute Gonorrhœa, 7,500 cases.

Chronic Gonorrhœa, 5,300 cases.

A total of 12,800 cases of gonorrhœa

Gonorrhœal infection, 1,300 cases.

Chancroid, 4,700 cases.

The figures above are from the report made to the Michigan State Medical Society at its meeting at Grand Rapids.

From these figures we find that there are 8,500 syphilitics in Michigan today, suffering from the disease in its contagious stage, 8,500 centers of infection by a single venereal disease.

Looking at the report on gonorrhœa we find that there are 12,800 cases in Michigan competent to give the disease to others. Taking the cases of clap, in its contagious stage, 12,800, and the cases of syphilis in its contagious stage, 8,500, and we have a total of 21,300 cases of venereal diseases in Michigan as centers of infection. I hardly think that the medical profession of this state realizes the necessity of concerted action in the effort to control these diseases. In the above statement no account has been taken of the cases of chancroid which, if added to the others, would make a total of 23,000 infection centers or about 1 in every 100 of the population of the state. If there occurs a single case of small-pox in a community, the whole power of the state, county, and city is directed to the prevention of contagion from this single center, although we have the means at hand in the case of the small-pox patient, (vac-

cination), that will protect the exposed individual. It is hard to realize why venereal diseases that are so destructive of life, diseases that last for years, and entail very direct suffering upon the victims, should by our state not even require reporting to our health boards.

Legal enactments have failed to control these diseases so far, and our hope must for the present lie in education. The children should be taught the methods by which diseases are contracted, more of the prophylaxis than they are taught in our schools today. Parents teach their children to avoid exposure to diphtheria, scarlet fever, and small-pox, but the general principles of avoiding all exposure to disease are omitted. Let the parents teach the children, let the school teachers teach the children, and let the doctor teach the parents, and the teachers, a proper hygiene, and a step will be made looking toward the control of these diseases; but there are those suffering already from these diseases who need educating as to their nature, and again those who are outside the pale of parental, or school influences, the lower strata of society, also need education. The vital question is how to put the educational scheme into operation. Let us hear from the members of the Michigan State Medical Society.

423 Stevens Bldg.

Note—Dr. Carrier is chairman of a committee of the State Medical Society to secure information regarding the prevalence of venereal disease in Michigan. —(Ed.)

A TRIBUTE FROM PROF. LORENZ.

Dr. A. W. Ives, one of the staff of collaborators of the *Detroit Medical Journal*, who is now abroad engaged in taking a number of special courses in Europe, has written interestingly of his experiences in Vienna, where he is now located. He says in part:

"I am now busy in the University (of Vienna), listening to the different lectures, taking in various clinics and the 'posts,' as they are called, where nearly a dozen autopsies are held every morning, and they *know* how to do it. I am taking a special clinical course under Profs. Wagner and Fuchs on nervous diseases, a special course on die innere Medizin, clinical, under Schmidt, in Nuesser's clinic, a special course on the growth and development of the nervous system under Obersteiner, and a special course on the analysis of blood, stomach and intestinal contents.

"They are all very thorough and practical. Their ability to make exact diagnoses, their pride and hobby, surpasses anything I ever dreamed of. The operations and 'posts' show how correct they are. I am also hearing clinical lectures by Nothnagel, always with the patient, and clinics on skin diseases and syphilis by Finger. It is an extremely valuable and practical course. By the time he is through with a patient, he knows what the trouble is, tells us, and why. There are 3,000 patients in the hospital here, the Allgemeinenkrankenhaus, which I understand is the largest in the world. It is tremendous.

"I want to tell you how we spent last evening at the Anglo-American Medical Association. About eighty of us met in a handsome room in the 'Restauration zum Senator,' next to the magnificent Parliament building, das Rathshaus, and facing the beautiful Ringstrasse and the K. K. Hoftheatre. Prof. Lorenz occupied the place of honor and after a regular Dutch lunch which would have gladdened

your heart as well as your ventriculum, he read us a very instructive and interesting paper on his reasons for preferring his method of treating hip-joint disease to those employed in England and America. He feels, the trouble being generally of a tubercular character, that our plan of putting the patient to bed and depriving him not only for so long a time of the use of the leg, but also of outdoor life, sunshine and exercise, predisposes to general debility and hence to general tuberculosis, much more than does his method. He believes that his results justify this view.

"After the paper we had a general introduction and handshaking and I had a long talk with him. We gave him a most hearty welcome, asking 'What's the matter with Prof. Lorenz?' and so on. He seemed to appreciate all this very mucn and wound up the evening with a short speech in English, the substance of which was that he not only felt deeply the invitation to speak and the hearty welcome of the A. A. M. A. of Wien, but that he never could forget the kindness, the courtesy and the warmth of his reception in America. He added that he had never been able to repay it in even the slightest way, but said that he felt now there was a chance to reciprocate ever so slightly.

"He felt that the meetings of the A. A. M. A. would be more 'gemüthlich' if held in a garden in the open air. 'You have,' he said, 'no equivalent for either our word 'gemüthlicheit' nor for just what it represents. Notwithstanding the warmth and genuineness of my American reception I first learned while there what is meant by the 'strenuous life.' We have no exact translation for that, and I don't think I could stand it long. Now, I know a pretty spot on the Donau where I think this club could meet in the open air and enjoy our 'gemüthlichkeit'" (take the good that the words stand for back to America, leave the bad), and I do myself the honor to invite the Anglo-American Medical Society to hold one of its meetings in the near future in my summer garden at my villa on the Danube. I shall not be able to entertain as I was entertained in your beautiful land. I shall not furnish blue-points, canvas-back ducks, terrapin and champagne, but we will have Wienerwurst, beer, Butterbrod and, I hope, 'viel Gemüthlichkeit.'"

"Needless to say, the little speech was received with vociferous applause that would not stop. He was thanked, and the invitation was accepted for the next meeting. So on the twenty-fifth of June, from about 6 until 10 p. m., (that is, from noon until 4 o'clock our time) think of me as one of a jolly crowd of about 100 Americans at Prof. Lorenz's beautiful summer home on the 'schönen blauen Donau', near Vienna."

Dr. John H. Musser, of Philadelphia, in his address before the Atlantic City meeting of the A. M. A., put his finger on a grave source of present and future trouble when he stated that a majority of the medical students now in attendance at medical schools are unfit to practice at graduation. It would seem that at least a partial solution of the difficulty lies in better preliminary education, not alone in the matter of preliminary school work, but better moral, mental and physical preparation for those who intend to enter the practice of medicine. The standard of education is being raised throughout the medical world; let the faculties now demand a similar raising of the standard of equipment in morals and in physical condition.

Dr. Walter Lindley, editor of the *Southern California Practitioner*, has been elected dean of the medical college of the University of Southern California at Los Angeles, Cal. He was one of the organizers of the school, and holds the chair of gynecology in it.

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PRACTICE AND THERAPEUTICS

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The Atlantic City Meeting.

The most successful meeting in the history of the American Medical Association, both in point of numbers and in the quality of work done, was held last month at Atlantic City, N. J. The attendance was unprecedented, about 2,900 members registering, an increase due partly to the attractions of Atlantic City as a central and admirable meeting-place, and partly to the growth of the Association and the spirit of harmony which fills the land.

The New York men, for the first time since the factional split in that state, were largely represented, as the guests of the Association until their reorganization is completed.

The accommodations were superb, the hotel facilities being ample and the quarters for sections and general meetings well arranged. A novel and attractive feature were the symposia following the orations on three evenings. Those devoted to the research work now being done in this country and to the relation of the work done by the Marine Hospital, Army and Navy Medical Corps to that of the profession in general were especially valuable and instructive.

The section or scientific work was in all respects equal to that done in the various special societies and with the development of the Association along its present broad lines we may look for the gradual concentration of special work in this country into these sections. Steps were taken to organize several of the existing sectional societies, like the Mississippi Valley Medical Association, into branches of the National Association, with uniformity of constitution, the various contiguous states thus being grouped together to form these branch societies, which, being parts of the national body, would doubtless attract many men who do not now make the long journey to the national meeting. Thus when the organization is complete we shall have the County society, the State society, the New England or Mississippi Valley Branch and the American Medical Association all linked together into one common chain of progress. May the time soon come when every decent practitioner in this country considers it obligatory to "hang on to the rope." The influence of such an organization upon legislation, public health and morals and upon the profession itself will be stupendous.

There yet remains, however, much to be accomplished before this Medical Utopia is at hand. The report of the trustees shows that of the large circulation of the Journal the majority of the copies go to non-members, in spite of the fact that the Journal is free to members, which strengthens the view which we have long held that the place to start an outsider in the straight and narrow way is in his County Society. He is there brought in touch with the value of organization in his county and state and frequently becomes a member of the A. M. A. within a short time. For instance Michigan, now fairly well organized on

the County Society basis, is one of the five states showing the largest increase in membership. There are now approximately 45,000 physicians who belong to their state societies and about one-third or 15,000 are members of the A. M. A., both of which totals we may expect to see materially increased within the next decade.

The following officers were elected:

President: Lewis S. McMurtry, M. D., of Louisville, Ky.

Vice-Presidents: Edward Jackson, M. D., of Denver, Colo.; James H. Bell, M. D., of San Antonio, Tex.; F. C. Shattuck, M. D., of Boston; B. C. Pennington, M. D., of Atlantic City, N. J.

Secretary: George H. Simmons, M. D., of Chicago.

Treasurer: Frank Billings, M. D., of Chicago.

Trustees: T. J. Happel, M. D., of Trenton, Tenn.; W. W. Grant, M. D., of Denver, Colo.; Philip Marvel, M. D., of Atlantic City, N. J.

Place of meeting for 1905, Portland, Oregon.

The Prevention of Venereal Disease.

The report of Dr. Carrier, published in this issue, contains an estimate of the prevalence of venereal disease in Michigan which is indeed startling. This estimate, based upon reports from physicians in all parts of the state, while by no means a complete report from all the physicians, may be assumed to be approximately correct, although the statistics stretch our credulity to the limit. If one in every hundred of the population of Michigan has venereal disease in a communicable form it is high time that the State Board of Health classifies venereal diseases among those "communicable, dangerous to public health," at least to the extent of inaugurating a campaign of educational instruction regarding them.

Prince A. Morrow, in a recent article (*Medical News*, June 4, 1904), estimates that at least 450,000 young men become infected with venereal disease in this country every year. In most cases, ignorance of the direful consequences of illicit cohabitation is responsible for the infection. All attempts to regulate or restrict prostitution have been and must be failures so long as the female offender alone is held blameworthy. But for the passionate instincts of the male there would be comparatively few female offenders against chastity. If then the men, particularly the young men, can be deterred from sexual indulgence out of wedlock by a forewarning of the dangers of indiscriminate intercourse, much will have been accomplished.

That the medical profession are becoming aroused to the importance of this growing evil is evidenced by the report of the Committee on Prophylaxis of Venereal Diseases read at the Atlantic City meeting. After pointing out the dangers to the national life of widespread venereal disease, this report analyzes the attitude of the various states toward the evil as embodied in replies to the following questions:

1—What laws exist in the different states relating to prostitution?

2—Is there a sanitary marriage law which provides for medical examination of the contracting parties?

3—Is there any law against wilfully or knowingly communicating venereal diseases?

4—What, if any, municipal regulations exist in any city of your state regarding these diseases?

5—Is notification required of these diseases in your state?

Nearly all the states responded that they have the usual common laws and police regulations regarding houses of ill-fame, soliciting on streets and age

of consent, but only Michigan has any legal enactment designed to restrict the spread of venereal disease.

This law is in part as follows:

> "No insane person, idiot, or person who has been afflicted with syphilis or gonorrhea and has not been cured of the same, shall be capable of contracting marriage. . . . Any person who has been afflicted with syphilis or gonorrhea and has not been cured of the same, who shall marry . . . shall be punished by a fine of not less than five hundred dollars or more than one thousand dollars . . . *Provided*, That in all prosecutions under this act a husband shall be examined as a witness against his wife and a wife shall be examined as a witness against her husband, whether such husband or wife consent or not: And further provided, that in all cases arising under this act any physician who has attended or prescribed for any husband or wife for either of the instances above mentioned shall be compelled to testify to any facts found by him from such attendance. Act No. 247, Laws of 1899. Approved June 15, 1899."

We are glad to learn in this indirect way that such a law is on our statute books although we fear it belongs to the "never was" class, so far as enforcement is concerned; for every practicing physician must know of frequent willful violations thereof. Hence, it follows that with this one impotent exception, no endeavor is made anywhere in the United States to restrict venereal infection, although Detroit, Cincinnati and Denver have Board of Health or Police regulations of doubtful utility intended to restrict the business ability of infected prostitutes. The time certainly approaches, if the hour is not already here, when an organized effort must be made in all states to wipe out this avoidable menace, or at least protect the innocent therefrom; and the initiative in this movement must be taken by the medical profession, since they alone are cognizant of the prevalence of the scourge and its dangers.

One of the fundamental principles of the relation of physician to patient, i. e., secrecy, will be encroached upon by health regulations requiring notification of this form of disease; and yet the end justifies the means. The dread of possible publicity would prove a detergent which, coupled with an enlightened knowledge of the dangers of exposure, would prove of great value in developing sexual self-control in the adult male.

Why should not Michigan lead the way in this coming reform by enacting such laws as are needed, and enforcing them?

Nathan Smith Davis.

The death of Dr. Nathan Smith Davis, of Chicago, on June 16 last, brings forcibly before the profession in America the life-work of a man who for nearly seventy years was a striking example of the manner in which a conscientious physician may impress his personality upon the community in which he lives. Throughout his long and honored career, he sought earnestly first to educate himself and immediately afterwards to give the world the benefit of his knowledge.

Like many another famous American, Dr. Davis was born in a log cabin, and early rose to a high position. Greene, Chenango Co., N. Y., was his birthplace on January 9, 1817, and he received the preliminary education common to his time. After leaving the Cazenovia seminary, he attended the College of Physicians and Surgeons, at Fairfield, N. Y., and was graduated with his doctor's degree in 1837. The year following, he married Anna Maria Parker, of Vienna, N.

Y., and practiced in New York state until 1847, when he went to New York. The year before he arrived in the city he conceived the idea of forming the American Medical Association, and it is worthy of note that although he was still under thirty his work and his personality were alike so well known that he was able to carry out his plans.

New York was an active place for the young physician. The cholera epidemic of 1849 found him at his post, nor did he leave the city until he had done yeoman service in stamping out the disease. He had been elected to the chair of Rush Medical College in Chicago, that same year, and at once went to the Illinois city to take up his new work. Ten years later he was identified with the founding of the Chicago Medical College, now known as the medical department of Northwestern University. For thirty years he held a professor's chair in this institution, and for nine years he was dean of its faculty until his resignation in 1898. The Chicago Academy of Sciences, the Chicago Historical Society, the Illinois State Microscopical Society, the Union College of Law, the Washington Home and Mercy Hospital owe him a great debt as one of their founders, and there are many other institutions that felt his guiding hand in their infancy.

As has been suggested, his first thought was to secure the best education possible and then in turn to impart that education to others. For more than half a century he was an ardent advocate of improved sanitary conditions in Chicago, and he was always able to secure the support of the better elements in his plans for the welfare of the city. As a pioneer he found plenty to do; and with increasing comforts of civilization he devoted himself to further study and to authoritative writings on medical subjects. He contributed constantly to the advancement of medicine and surgery.

Dr. Davis was an ideal type of what the world loves to call the "family physician," giving him a place close to the family's heart. He was the loved and trusted friend of hundreds of families, ready for whatever emergency might arise, simple in manner, benignant in his every act, one of the great physicians of this country, a man whose name is graven deeply in the hearts of those who knew him.

Memorial services for Dr. Davis will be held sometime next fall. The Chicago Medical Society has appointed a special committee to plan for these, with Dr. Frank Billings as chairman. Other members of the committee are Drs. W. A. Evans, William E. Quine, Arthur E. Edwards, George H. Simmons, John B. Murphy and Frank X. Walls.

An Argument for the Heyburn Bill.

The Massachusetts State analyst reports the following percentages of alcohol (by volume):

Lydia Pinkham's Vegetable Comp..	20.6
Paine's Celery Compond.....	21.
Dr. Williams' Vegetable Jaundice Bitters	18.5
Whiskol, "a non-intoxicating stimulant"	28.2
Ayer's Sarsaparilla	26.2
Thayer's Compound Extract of Sarsaparilla	21.5
Hood's Sarsaparilla.....	18.8
Peruna	28.5
Vinol, Wine of Cod Liver Oil.....	18.8
Dr. Peters' Kuriko.....	14.
Carter's Physical Extract.....	22.
Hooker's Wigwam Tonic.....	20.7
Hoofland's German Tonic.....	29.3
Howe's Arabian Tonic, "not a rum drink	13.2
Parker's Tonic, "purely vegetable".	41.6
Schenck's Seaweed Tonic, "entirely harmless"	19.5
Boker's Stomach Bitters.....	42.6

Burdock Blood Bitters..... 25.2
Greene's Nervura..... 17.2
Hartshorn's Bitters..... 22.2
Hoofland's German Bitters, "entirely vegetable" 25.6
Hostetter's Stomach Bitters..... 44.3
Kaufman's Sulphur Bitters, "contains no alcohol" (as a matter of fact it contains 20.5 per cent. alcohol and no sulphur)..... 20.5
Puritana ..... 22.
Richardson's Concentrated Sherry Wine Bitters 47.5
Warner's Safe Tonic Bitters..... 35.7

The Heyburn bill requires the printing of the formula of every secret remedy upon wrapper and label.

EDITORIAL NOTES.

Examination of applicants for admission as commissioned officers in the Medical Corps of the army was materially modified July 1, 1904, when the amended regulations went into effect. The immediate appointment of applicants after successful physical and professional examination was discontinued; applicants are now subjected to a preliminary examination and a final or qualifying examination, with a course of instruction in the Army Medical School in Washington intervening.

The preliminary examination will consist of a rigid inquiry into the physical qualifications of applicants, and a written examination on the following subjects: Mathematics (arithmetic, algebra and plane geometry); geography; history (particularly of the United States); Latin grammer and reading of easy Latin prose; English grammer, orthography, composition; anatomy; physiology; chemistry and physics; materia medica and therapeutics; normal histology. The subjects in general education above mentioned are an essential part of the examination and cannot under any circumstances be waived.

Preliminary examinations will be conducted concurrently throughout the United States by boards of medical officers at the most convenient points; questions submitted to applicants will be identical, and all papers will be criticised and graded by an Army Medical Board in Washington, D. C. Applicants who attain a general average of 80 per cent. and upwards in these examinations will be employed as Contract Surgeons and ordered to the Army Medical School for instruction as candidates for admission to the medical corps of the army; if, however, a greater number of applicants attain the required average than can be accommodated at the school, the requisite number will be selected in accordance with their relative standing in the examination.

At the school, the work will consist of lectures and practical work peculiarly appropriate to the duties which a medical officer is called upon to perform. At the school, military discipline will be the rule, and the character, habits and general deportment of each student will be closely observed.

The final or qualifying examination will be held at the end of the school term and will comprise the subjects taught in the school, together with the following subjects, not included in the preliminary examination: Surgery; practice of medicine; diseases of women and children; obstetrics; hygiene; bacteriology and pathology. General aptitude will be marked from observation during the school term. A general average of 80 per cent. in this examination will be regarded as qualifying for appointment, and candidates attaining the highest percentages will be selected for commission to the extent of existing vacancies in the medical

department of the army. Candidates who attain the requisite general average, but fail to receive commissions will be given certificates of graduation from the school and will be preferred for appointment as medical officers of volunteers or for employment as contract surgeons; they will also be given opportunity to take the qualifying examination with the next succeeding class.

Admission to the preliminary examination may be had only upon invitation from the Surgeon-General of the army, issued after formal application to the Secretary of War for permission to appear for examination. No applicant whose age exceeds thirty years will be permitted to take the examination. Hospital training and practical experience are essential requisites, and an applicant will be expected to present evidence of one year's hospital experience or its equivalent (two years) in practice.

The first preliminary examination under the new regulations will be held about August 1; those who desire to enter the same should communicate with the Surgeon-General of the Army, Washington, D. C., who will furnish the necessary information.

Dr. Leonard Brooks Parker, of Marine City, Mich., died at his residence on June 19 last, aged eighty-six. His death was due to his advanced age.

Dr. Parker was born at Moores, Clinton Co., N. Y., July 29, 1818, and at an early age removed to Fairfax, N. Y. Here, and at St. Albans, Vt., he received his preliminary education, later going to Castleton Medical College, at Castleton, Vt., where he received his degree of doctor of medicine in 1843. After a brief season of practice in the east, he came to Michigan and settled in what was then known as Newport, now Marine City. Here he engaged in the practice of his profession, and entered an extended field of work, covering long rides up and down the river, over roads that were much of the time all but impassable. Be it said to his credit, he never failed to make a call upon a patient, no matter what difficulties stood in the way of his duty.

In 1852, he married Miss Jane Sparrow, of Percy, Ont., and both lived to celebrate their golden wedding in 1902. Six children are still living: Mrs. L. W. Heath, of Grand Rapids, Mich.; Dr. Delos L. Parker and Dr. Walter R. Parker, of Detroit; and Frank S., Jennie C. and G. Whitbeck Parker, of Marine City, Mich. The funeral services were held on Tuesday, June 21.

Notwithstanding his great activity as a physician, Dr. Parker found time to become prominent in other walks of life. He was largely interested in the lumber business and in the shipping interests of the Great Lakes, besides taking a prominent part in Democratic politics. He was a state senator in the early 60's, president of the village before its incorporation as a city and later mayor of Marine City. He was also a charter member of S. Ward lodge, F. & A. M., of Marine City, and the last of them to die.

Dr. James H. Dunn, of Minneapolis, Minn., died suddenly at St. Louis, Mo., on June 16 last. Heart failure is given as the cause of his death. He was at St. Louis in attendance at the sessions of the American Surgical Association, of which he was a member, and he was one of those who read papers on the day of his death.

Dr. Dunn was born May 29, 1853, at Fort Wayne, Ind., but removed to Wisconsin with his father at a very early age. At fifteen, he entered the Winona normal school to prepare himself for teaching, and was graduated in 1872. Four years later he secured his degree in medicine

from the university medical college of New York, and after post-graduate study in Heidelberg and Vienna began his practice. In 1885 he located in Minneapolis, where he became city physician and where he started the first city hospital. From 1885 to 1889 he was professor of skin and venereal diseases in the Minneapolis hospital medical college, and from 1889 to 1894 professor of genito-urinary diseases in the college of medicine and surgery of the University of Minnesota. At his death he was professor of surgery in that institution, having succeeded Dr. C. A. Wheaton in 1899. He was surgeon of St. Mary's hospital for sixteen years, of Asbury hospital for twelve years and of the City hospital for eleven years. He was also consulting surgeon for the Great Northern railroad. He was a member of the important medical societies, and represented Minnesota at the meeting of the International Medical Society held in Copenhagen. His contributions to current medical literature are many and are well known.

In 1885 he married Miss Agnes Macdonald, of Kansas City, who survives him, with one son, born in 1887.

A fund with $7,000 as a nucleus has been raised by the American Medical Association for the purpose of erecting a statue to the memory of Maj. Walter Reed, U. S. A., who lost his life several years ago while on service in Cuba, investigating the diseases of that island. He succumbed to exposure, and the proposal to erect a statue in his honor is an eminently fitting one. Commemorative statues are not infrequently raised to the memory of some man who has laid down his life in the discharge of his duty to mankind. There are many heroes in the medical profession, none the less heroic because their deeds are unostentatious and their recognition wanting. Yet the graves of some of our most heroic physicians are unmarked by any public memorial, nor are their virtues enshrined elsewhere than in the hearts of those whom they have saved. In death, as in life, the physician's reward must come largely from the hearts of his friends and his patients. It is but just that an occasional memorial of a more enduring character should be raised.

With a commendable desire to restore harmony, the American Red Cross has elected a new set of officers, whose selection, it is believed, will put a stop to the troubles through which the organization has recently been passing. Dr. W. K. Van Ruypen, formerly surgeon-general of the navy, is the new president, and Dr. Walter Wyman, surgeon-general of the public health and marine hospital service, is vice president. Other officers are as follows: Counselor, Richard Olney, of Massachusetts; secretary, J. W. Crawford, of Washington, D. C.; treasurer, W. J. Flather, of Washington, D. C.; executive committee, Admiral Dewey, Dr. Wyman, Gen. Miles, Dr. O'Neil and Mr. Hege.

Dr. Gaspard Archambault, one of Montreal's best known physicians, died at his residence, 377 St. Denis street, on June 14 last. Dr. Archambault was born at L'Assomption, Que., January 15, 1851, and was graduated with honors from Victoria University at the age of twenty-two. Seven years later he was appointed attending physician at the Sisters of Providence dispensary, and at the Hotel Dieu hospital, and professor of dermatology at Laval University. He married Miss L. Papin in 1878, and is survived by five sons.

The old time general practitioner has passed to the extent that he of the present is better equipped to minister to the var-

ious ills of his patients than was his former prototype. His following find less need for the services of specialists than formerly. The public also has gained at least in appreciation of medical wisdom, and its confidence in the general practitioner is not diminished. Someone has aptly expressed this in a parody in the style of a well-known British author, the last stanza of which is as follows:

"Now I never believes in them specialist thieves,
what stammer, and grunt, and blow,
"As'll watch yer die with a winkin' eye, for a
'undred pound or so;
"An' when its 'checks!' and 'oose turn next?'—
which I 'opes it wont be you—
"Let's stick to the doctor, the country doctor, surgeon and midwife, too.
"And when you come to the Bar of Gawd, and 'e says 'Oo passed you through?'
"(for 'e 'ates Peculiar People, an' the Christian Science crew)
"Just mention the doctor, the country doctor, surgeon and midwife, too."—(Clinical Review.)

At the annual meeting of the Chicago Medical Society last June, Dr. John B. Murphy was elected president and Dr. Frank X. Walls was re-elected secretary. Dr. Walls's report showed a membership of 1,512, an increase of 224 for the year, and stated that the assets of the society were over $12,000, with no liabilities.

The American Academy of Ophthalmology and Oto-Laryngology will hold its ninth annual meeting in Denver, Colo., August 24, 25 and 26, 1904. In the section of ophthalmic papers, Dr. Eugene Smith, of Detroit, will read one on "Removal of Anterior Capsule and the Hypodermatic Use of Morphia in Simple Extraction."

A bronze statue of heroic size, representing Dr. Benjamin Rush, physician and statesman and signer of the Declaration of Independence, has been accepted by President Roosevelt on behalf of the United States government. The statue is the gift of the American Medical Association to the nation, and stands in the grounds of the United States naval museum of hygiene and medical school, formerly the naval observatory.

At its last meeting in St. Louis, Mo., the American Surgical Association elected the following officers: President, George Benjamin Johnson, of Richmond, Va.; vice presidents, Emmett Rixford, of San Francisco, Cal., and James Bell, of Montreal, Que.; secretary, Dudley T. Allen, of Cleveland, Ohio; recorder, Richard H. Hart, of Philadelphia, Pa.; treasurer, R. S. Fowler, of Brooklyn, N. Y. San Francisco was selected as the place at which the next meeting is to be held.

The superintendent of the Chicago dog pound has broached the interesting discovery that dog fat is a cure for consumption and urges the establishment of a sanatorium as an annex to his establishment. There is no lack of raw material, for the "pound" disposes of 11,000 dogs a year, and the superintendent's drink emporium at a convenient distance would supply the "chaser" necessary to make the method a complete and satisfying success.

At the commencement exercises of the University of Pennsylvania, held June 15 last, Dr. George Dock, of the University of Michigan, was given the honorary degree of doctor of science.

A site 330 by 266 feet has been secured by the faculty of the Manitoba medical college and a new college building will be erected west of the general hospital.

Dr. Eugene Smith has returned from his annual European trip, where he has taken in some of the European clinics, as is his custom every summer.

Dr. Louis J. Hirschman, of Detroit, married Miss Lulu F. Carstens, daughter of Dr. J. H. Carstens, on June 22 last.

NEW INSTRUMENTS AND DEVICES.

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

Duplex Inhaler, for Anæsthesia.

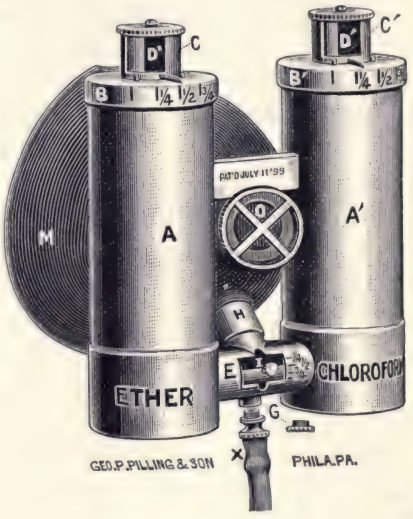
Having in mind some of the inconveniences to patient and to operator, arising from the administration of an anæsthetic in the old way, this device has been evolved by its inventor. It is certain that by its use anæsthesia is readily produced, and maintained at a uniform degree. Although it is comparatively simple in construction, it admits of a number of combinations and provides for exact proportions in the anæsthetic mixtures administered.

The inhaler consists of two cylinders, with connections, and a mask to fit the face of the patient. The cylinders, A and A', are covered by two caps, B and B', through which pass short tubes, C and C', designed for preventing spilling of the anæsthetic in the event of the cylinders being inverted for any cause. Graduated openings in the caps are provided (D and D') for the admission of air to the cylinders, with an index pointer to show the amount of air admitted.

A T-shaped tube, E, connects the cylinders at their bases, and leads to the mask, M, through the short tube, H, and an inlet valve, I, which is not shown in the cut. The valve has a graduated opening, F, which controls the direct admission of air to the mask. A nipple on the tube, G, provides for a tubing connection to oxygen or nitrous oxide cylinders, should their use be advisable.

Both the inlet valve, I, and the outlet valve, O, connecting with the mask, consist of thin pieces of hard rubber, held in place by cross-bars. They may readily be replaced when necessary. A special advantage of this type of inhaler is the ease with which it may be sterilized by boiling.

In use, about a square foot of open meshed gauze, or a bit of absorbent cotton, is placed loosely in each cylinder. When chloroform is to be used, four drachms are placed in the cylinder, A',



and the cap on the other cylinder is closed. When chloroform and ether are both to be used, put ether into cylinder A; if ether is to be used a one, use it in both cylinders. Then, with air inlet, F, open and D and D' closed, the mask is put gently on patient's face. After a few inhalations of pure air, open the inlet D or D', as desired. When either of these is well opened, gradually close F. When anæsthesia is complete, the air supply may be properly regulated by moving F

alone. Additional chloroform or ether may be added, if required, without removing caps of the cylinders.

For the administration of nitrous oxide, the cap on the nipple, G, is to be removed, and the rubber tube attached to the nipple and to the cylinder containing the nitrous oxide. If it is desired to administer the anæsthetic through an intubation or a tracheotomy tube, the mask is replaced by a special attachment.

The mask should never be placed in the face with all inlets closed, nor should too much anæsthetic be poured into the cylinder at one time.

Some of the chief advantages in this form of inhaler are: It allows the administration of a perfectly definite mixture of anæsthetic and air; it does away with the sense of suffocation, because anæsthesia may be so gradually produced; the anæsthetics may be used singly, or in any desired proportion; the patient's face cannot be burnt by chloroform dropping on it; the patient gets all the anæsthetic, the operator none.

With all these advantages, and more, the inhaler retails for the sum of $10.00 net.

Piffard's Ultra-Violet Ray Lamp.

This form of lamp represents Dr. Piffard's most advanced ideas as to what a device of this kind should be. It is a modification in many important points of the Görl lamp, which differs from the lamps suggested and used by Finsen and others. A high tension, high frequency current is made use of, in connection with a condenser and aluminum terminals. The original Görl lamp had four spark-gaps, but the form under consideration has three, and is said to be much more powerful and efficient than the modifications of Görl's form, used in London, and known as the St. Bartholomew's lamp. The Piffard lamp has four terminals, arranged as shown in the cut, and from these the three spark-gaps are formed, the light being rich in the ultra-violet rays desired.

Owing to the fact that the ultra-violet rays will not traverse blood or tissues in which the blood is circulating, it is necessary that for the work of the therapeutist the tissues must in some manner be dehæmatized. For this purpose a compressor is used, and the blood forced out of the tissues by a mechanical pressure. The compressor consists of a ring filled in with transparent quartz, which is interposed between the source of the rays and

the tissues to be acted upon. Another method, suggested by Dr. Piffard, is the use of adrenalin chloride in solution, introducing it by cataphoresis. This he has found very successful, and it is of course much less tiresome than the method of maintaining constant mechanical pressure.

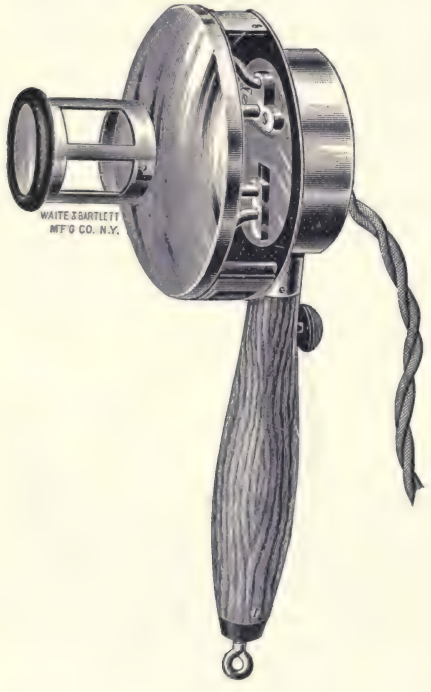
The lamp is made active by attaching its two cords to the rods of a static ma-

chine, the balls being approximated. With a good static machine, running at ordinary speed, or with a coil, the light proceeds at once from the spark-gaps.

The lamp complete retails for $15.00 net.

Piffard Hand Arc-Lamp.

With the increasing interest of the medical profession in the subject of photo-therapy, it was natural that physicians should devote themselves to securing some form of device by which light of the requisite character could be easily secured. The lamp we illustrate was designed by Dr. Henry G. Piffard, of New York, and answers admirably the demands made upon it. No. water-cooling device is necessary in connection with it, as a system of free air circulation keeps it sufficiently cool for use with perfect comfort. Moreover, it is light in weight, and even with the rheostat weights only eight pounds, while it is adapted for use on any 110-volt direct current.



In use, it is attached with proper resistance in series to the outlet of the 110-volt direct current circuit, which should include a fuse-wire capable of carrying at least six amperes. The lamp should be connected with its own cords first, and these in turn to the electric circuit. When the current is turned on, the small button shown at the side of the handle is moved up until contact between the two terminals is formed, and then should be brought gently back, to permit the arc to form. The arc itself may be simply blown out, and this should be done before the current is turned off.

Owing to the strong actinic character of the light escaping at the sides of the tube, surrounding parts near the tissues to be treated should be protected by some non-actinic paper, slipped over the tube before it is attached to the lamp. For dehæmatizing the tissues, Dr. Piffard uses adrenalin chloride, 1-1,000 and states that he has found this very efficient in a number of cases.

The lamp retails for $30.00 net.

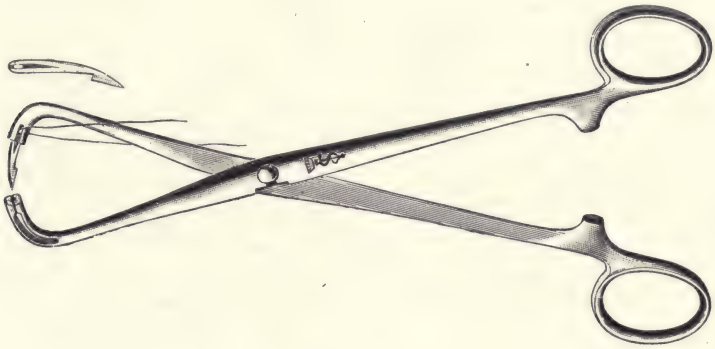
Kurz's Needle Forceps.

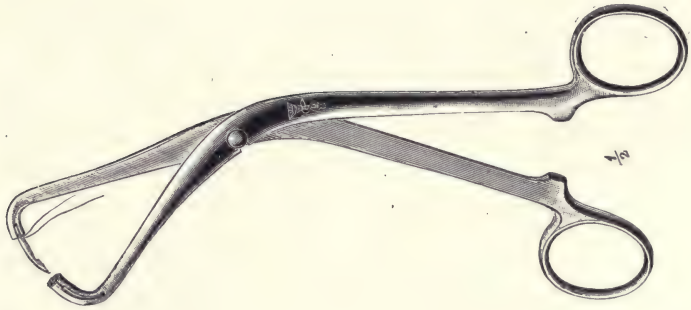
This instrument is designed for inserting a stitch in suturing, sewing or ligating in positions in which accurate guidance by the finger or the ordinary means of direction are difficult or practically impossible. The instrument is of plain construction and the method will be found easy and safe. It facilitates a rapid adjustment of all sutures, and will be found specially adapted for all deep-seated ones. Injuries to the finger of the operator, so frequently occurring in guiding the needle with the fingers, are rendered impossible, no such guidance being necessary when this instrument is used.

For large operations, where the sutures are to be inserted over a comparatively wide area, the use of two pairs of forceps, with a number of needles, is recommend-

ed. As soon as the operator has passed the needle through the tissues, his assistant hands him a second pair of forceps, armed with needle and thread. The forceps are made straight and curved to suit all cases.

When the instrument is in use, the needle is inserted into the opening at the termination of the left blade, which is provided with a slot for the thread.





Place the forceps, slightly opened, in position; by closing them, the needle penetrates the tissues, and the notch below the point will snap into the spring jaw of the right blade, releasing it from the left blade. In withdrawing the forceps, the needle and the thread pass through the tissues. A half-turn of the needle removes it from the jaw, when the thread may be knotted.

The straight needle forceps retails at $3.00 and the curved at $4.00, with extra needles selling at $2.00 per dozen.

Morse (*Archives of Pediatrics*, May, '04), believes tonsilitis to be an important factor in the causation of acute nephritis. Since tonsilitis is due to bacterial infection, usually streptococci, it seems reasonable that , as in scarlet fever, acute nephritis should occasionally result, and he cites 4 cases (2 adults, 2 children) of acute nephritis following tonsilitis where by a process of exclusion other causes and other preexisting disease could be ruled out. Hence he believes that acute nephritis is more often due to tonsilitis than is commonly supposed, the infection often entering through the tonsils with slight local manifestations.

PROGRESS OF MEDICAL SCIENCE

Gastro-Intestinal Diseases of Infants.

Abt (*Clinical Review*, June, '04) says that gastro-intestinal disturbance usually occurs in hand-fed children, but may be found in breast-fed children, owing to some alteration in the mother's milk. Menstruation, pregnancy, emotional temperament or social exactions may produce such variation in the milk as to upset the baby. In hand-fed babies we may have this same gastro-intestinal indigestion, owing to improper feeding with proprietary foods or milk mixtures unsuited to the digestive power. This dyspepsia is indicated by vomiting of food, but partially digested, or, if intestinal, by meteorism, colic and diarrhœa.

Gastro-intestinal infection is quite another disease and has other manifestations. We may divide it into various kinds: first, the mild, then the severe variety. The mild variety usually begins with a moderate temperature, sometimes with vomiting, very soon profuse diarrhœa. Nealy all the patients suffer from colic. The evacuations are characteristic. The stool is usually watery, frequent, and is expelled with considerable force, due to the fact that fermentation is going on in the small bowel and a great deal of gas is formed. Vomiting is a marked symptom. Many of them lie quietly in bed or are anxious to be in the nurse's arms and rest without being disturbed. They refuse food, though there is thirst. The pulse is rapid and if the condition persists, very soon there are signs of emaciation and exhaustion.

The severe cases are ushered in with pronounced symptoms; temperature 104° to 106°, profuse vomiting, perhaps convulsions. The diarrhœa is more severe than in the mild variety, the character of the stools remains the same, only the stools are more frequent. They vary in color, from green to greenish-yellow, sometimes brown. Colic is nearly always severe before an evacuation; the discharges have a foul odor and mucus is often present.

To various micro-organisms has been ascribed the etiological role—the streptococcus, colon bacillus, bacillus of Shiga and others—but the colon group are regarded as the usual cause of this infection. Acute follicular enteritis and cholera infantum are modifications of the type of infection characterized by the severity of symptoms and rapidity of development.

Follicular enteritis is characterized by small, frequent, painful stools; with much tenesmus, mucus, sometimes blood and pus; cholera infantum presents frequent, large, watery movements and in both these types thirst is unquenchable and emaciation rapid and the little patients die from exhaustion or from toxæmia unless improvement soon occurs.

The most important element in treatment is prophylaxis, by proper breast-feeding or, when this is impossible, feeding by clean modified cow's milk containing but a minimum number of bacteria.

The attack itself is best treated by withdrawing food for twenty-four hours and feeding the baby plain water, egg-albumen water or barley water. If the vomiting is persistent, teaspoonful doses of warm water with the addition of an alkali such as bicarbonate of soda, lime water, chalk mixture or milk of magnesia, frequently give relief. In cases in which the vomiting continues, gastric

lavage is the most effectual remedy. It is well to begin the treatment by administering a laxative, as calomel, in doses of 1-20 to 1-10 of a grain every hour until the effect is produced.

The tympany and colic are best relieved by rectal injections of normal saline solution thoroughly flushing out the bowels first, repeating several times daily as indicated. Intestinal antiseptics are useless, though the salts of bismuth may be tried. Opium is occasionally indicated for pain or excessive diarrhœa and may be given in small, repeated doses until the child is quiet or peristalsis checked. Follicular enteritis is best treated by washing out the bowel with starch water containing a small quantity of tinct. opii. deod., as the disease largely involves the lower bowel.

In cholera infantum the toxic products should be gotten rid of; in every case the stomach and colon should be washed out with large quantities of water.

Stimulation should be employed; it is indicated in every case. As a rule the stomach retains nothing. Brandy, camphor, or ether may be given hypodermically.

Baths for the reduction of temperature and mustard baths for their stimulating effect, are to be employed when indicated.

The thing to do in every one of these cases is to stop all kinds of milk, the food which is introducing the infection into the intestinal canal, which is offering a pabulum for these micro-organisms to thrive on. If you do that when you first see the case, ninety-five times out of one hundred, the first important step in the cure of the disease has been accomplished. Stop also every albuminous or proteid material, which is a culture medium for these bacteria; feeding nothing but barley-water, brandy-water or arrowroot until the germs are starved out, as denoted by a change for the better in the condition of the patient.

Pathological Significance of Fibroid Tumors.

John G. Clark (*Progressive Medicine*, June, 1904) takes up a report of a paper by Constantin abstracted by the *Journal of Obstetrics and Gynecology* of the British Empire in which Constantin reviewed 208 cases of fibroid tumor of the uterus. Concerning the significance of pathological findings, Constantin came to the following conclusions:

1. In a number of instances in which pathological changes in the appendages are found associated with uterine fibroids, there is no evidence of an infective process, and it seems probable that the changes are due to a "non-inflammatory" action of the fibroid tumors, circulatory disturbances, secondary action of pelvic varicocele, mechanical irritation of the peritoneum by the tumor, or the influence of a "neo-plastic diathesis."

2. While some of the changes in the appendages precede the development of the uterine fibromata, the majority follow it. Sometimes symptoms produced by these pathological changes in the appendages disclose the presence of fibroid growths in the uterus.

3. The prognostic significance of alterations in the appendages associated with fibroids is that of each complication considered by itself.

4. Choice of operative procedure depends upon a variety of circumstances; the size of the tumor, its relations with the uterus, its connection with neighboring organs, the accidents which the condition might produce, and the age of the patient. Hunner says that of his series of 100 cases, 6 patients died. When one considers the average death-rate for all gynecological cases, including advanced carcinoma, these figures are both surprising and suggestive. In 5 of the 6 fatal cases there was serious inflammatory disease of the appendages.

Constantin asserts that the record of suffering, sterility, miscarriage, extra-uterine pregancy, hemorrhage, anæmia, malignant growth, infection and death in this brief series of 100 cases forces him into a radical attitude toward myoma of the uterus. He does not advocate operating upon every myoma, but he does believe that as the seriousness of the affection becomes better recognized, and as the ability for doing conservative work increases, the indications for operation will expand until no good surgeon's record of 100 cases will show that six women have been sacrificed because they waited until it was forever too late.

McDonald concludes from his own statistics that a temporizing policy is justified only in the presence of small subserous or intramural tumors, giving rise to few or no symptoms, and concludes as follows:

1. All fibroids which are producing symptoms, and all fibroids except those up to 4 cm. in diameter (especially when subserous or intramural), should be removed, because the risk to the patient from the operation is far less than that from the tumors themselves.

2. In view of the sarcomatous changes associated with the carcinoma and the complications of uterine fibroma, early removal is indicated when it is of sufficient size to produce symptoms. Small uncomplicated tumors do not require early treatment.

3. Thorough pathological examination should be made of all fibroids for evidence of malignancy. Particular study should be devoted to those tumors which are necrotic, cystic, or both, as among these are found the largest proportion of malignant changes.

Clark's own conclusions on the clinical indications which he makes in advising the removal of a tumor are as follows:

1. Severe anæmia incident to uterine hæmorrhage.

2. Pressure upon the rectum, bladder, or other surrounding organs.

3. Rapid growth of the tumor, even though there may be no attendant symptoms.

4. Increasing malodorous discharge suggestive of necrosis, suppuration of the tumor, or malignant changes.

5. An intense fear of the tumor, such as is occasionally seen in nervous women, who are constanty brooding over the fact that they have a tumor and are intensely apprehensive as to its course, fearing that it will suddenly give trouble or become malignant. When the fears of the patient cannot be allayed, it is then better to operate.

Physiological Action and Morbid Effects of Coal-Tar Products in Fever.

Sajous (*Monthly Cyclopædia of Practical Medicine*, May, '04), shows that fever is physiologically the result of the efforts of the system to rid itself of microorganisms and their toxins, and that the coal-tar products of which antipyrin is mentioned as the type, materially inhibit this process for the following reasons:

1. Antipyrin promptly causes marked vasoconstriction.

2. The vasoconstriction, both of the arteries and veins, may be sufficiently marked to obstruct the circulation in, and cause engorgement of, the capillaries.

3. Very large doses, small doses too frequently repeated, or small doses in subjects whose adrenal system is abnormally sensitive may cause sufficient vasoconstriction of the arteries and veins to greatly reduce their caliber. The arterial blood in the capillaries is then exposed to the reducing action of the surrounding tissues sufficiently long to become transformed into venous blood, thus causing cyanosis.

4. When the adrenal system is unable, owing to congenital, acquired, or temporary susceptibility, or an organic lesion of either of its component parts, to withstand the violent stimulation to which antipyrin subjects it, the functions of the adrenals may suddenly cease under the influence of even small doses of the drug, and the symptoms of adrenal failure appear.

5. Antipyrin, in the stage of depression, reduces the temperature by causing adrenal insufficiency. The resulting dilatation of the great central vascular trunks causes depletion of the peripheral capillaries, and the internal temperature is thus raised, while that of the surface is lowered.

6. Antipyrin should not be used during toxæmias, especially when fever is present. It only acts as an antipyretic by causing excessive hyperæmia of the adrenals—a condition exposing the patient to general collapse, even when small doses are administered.

Responsibility for Sponges in Surgical Operations.

A suit for malpractice was brought some time ago against a surgeon of Columbus, Ohio, for the death of a patient from a gauze sponge which had been left in the abdomen after a gall-stone operation. The operation had been made in a public hospital with the head nurse of the hospital personally in charge of the sponges. In response to the surgeon's inquiry, thrice repeated, she had assured him that all her sponges were accounted for, and the abdomen was closed. Recovery was prompt, but some two months later obstruction of the bowels developed and an operation, made as a last resort, revealed the presence of a sponge as the cause of the obstruction. The attorneys who instituted the suit, claimed that the nurse was technically the agent of the surgeon and that the latter was therefore responsible for the blunder. A similar suit, on similar grounds, instituted about the same time against an Atlanta surgeon was tried some months ago and the surgeon promptly acquitted; the individual responsibility of the nurse having apparently been proven to the satisfaction of the jury. The decision in the Atlanta case is supposed to have been the actuating cause which recently led the attorneys at Columbus to withdraw their suit, and institute proceedings against the hospital where the operation was made. The decision in the Atlanta case and the withdrawal of the suit in the Columbus case will go far to establish the principle that when the surgeon is operating with a graduate nurse in charge of the sponges he can not be held responsible for her carelessness, unless from previous experience he knows her to be untrustworthy.

Surgical Treatment of Varicose Veins.

Coltain (*St. Paul Medical Journal*, June, '04), considers operative relief of occasional utility only, since varicose veins are so frequently a result of intraabdominal pressure or visceral disease, or develop in the poorly nourished or cachetic.

Operation is indicated in cases in which pressure within the abdomen can be first relieved, or in which the visceral defect can be obviated by careful medication, as in cardiac affections and some renal lesions, and those in which the general nutrition can be improved, as also in those cases where varices exist as a primary condition.

The operation chosen should be adopted to the particular case. Where the varicosity is limited to the long saphenous vein and its immediate branches Trendelenberg's operation, ligation in Scarpa's triangle, is indicated. Where there are several areas involved in different regions, ligation and excision of each is the proper course. In cases of quite general

involvement below the knee, Schede's "garter" operation is indicated. By this method a circular incision is made a short distance below the knee down to the deep fascia. All the superficial veins will thus be devided and they are then picked up and tied at each end, the wound being closed by suture.

These three operations if properly applied, meet every requirement in the surgical treatment of varicose veins of the lower extremeties. In the after-treatment of the case, care must be taken not to allow too soon long standing upon the feet, until the deep circulation has fully taken up the extra work imposed upon it.

Gastro-Enterostomy for Simple Ulcer of Stomach and Duodenum.

Moynihan (*Annals of Surgery*, May, '04), reports one hundred cases with but two deaths. In fifteen cases the operation was undertaken to stop hæmorrhage which proved to be directly due to dilatation of the stomach and stretching of the ulcer. In 92 cases the result was perfect, while 6 suffered for some time from symptoms due to an excess of hydrochloric acid.

This low mortality illustrates well the progress of stomach surgery.

After Results of the Lorenz Treatment.

Ridlon (*Journal A. M. A.*, April 16 and 23, 1904), gives a complete report of all his cases, 140 in number, 26 of which were operated by Lorenz himself. The final result shows 10 per cent. of perfectly stable anatomical replacements, 60 per cent. of transpositions and 30 per cent of failures. These results fall below what is claimed by Lorenz, although Ridlon considers his method the best extant and the only one worthy of consideration in bilateral cases.

BOOK REVIEWS

Von Bergmann's Surgery. A System of Practical Surgery. By Drs. E. von Bergmann, of Berlin, P. von Bruns, of Tübingen, and J. Miculicz, of Breslau. Edited by William T. Bull, M. D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York. To be complete in five imperial octavo volumes, containing over 4,000 pages, 1,600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, Cloth, $6.00; leather, $7.00; half Morocco, $8.50 net. Volume III just ready. Pages, 918, with 595 engravings, 21 plates. Lea Brothers & Co., Publishers, Philadelphia, Pa.

As successive volumes of this masterly series of books appear, the impression that they constitute an epoch-making collection of treatises on surgery becomes greatly strengthened. The publishers are to be congratulated upon the regularity with which the books are issued, and the excellent form they take when completed.

Volume III deals with surgery of the extremities, and, like its predecessors, contains its subject matter in such arrangement that it is well adapted either for text or for reference work. The exhaustiveness of the text makes the material singularly comprehensive, and indeed it is not too much to say that these books each contain, in the discussion of a single branch of the general subject considered, quite as much material as is often found in text-books especially devoted to a single consideration. Moreover, the text is arranged with such logic that a given point is easily located, the text being supplemented by a complete index for this purpose. All the volumes are handsomely illustrated, and the illus-

trations have evidently been made with a view to suiting the text, instead of having the text written around the illustrations.

Numerous X-ray plates are of value in the consideration of the treatment of fractures, which naturally forms an important part of the text in the volume under consideration. This subject, by the way, may be taken as typical of the manner in which the text is written. It is exhaustively treated, and contains the meat of all that one could reasonably be expected to know on the topic.

Of special interest, owing to the recent visit of Dr. Hoffa to this country, is his article on Malformations, Injuries and Diseases of the Hip and Thigh. Here he sets forth a description of his technique and his reasons for his procedure along certain lines, making impartial comparisons between his methods and those of Lorenz. Other contributors of note are Dr. M. Borchardt, Prof. P. L. Friedrich, Prof. F. Hofmeister, Prof. D. Nasse, Dr. P. Reichel, Dr. A. Schreiber and Dr. M. Willms, who combine in presenting a work which is of the greatest interest and authority, and one which leads us to look forward with unusual anticipation to the two forthcoming volumes of the whole series, which are promised shortly.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Materia Medica and Therapeutics in the Jefferson Medical College, Philadelphia, Pa., Assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Department of the Jefferson Medical College Hospital. June 1, 1904. Vol. VI, No. 2. Octavo, 325 Pages, 47 Illustrations. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage prepaid to any address. Lea Brothers & Co., Publishers, 706-710 Sansom St., Philadelphia, Pa.

Surgery and gynecology take up nearly two-thirds of the space in this issue of the series, and Dr. William B. Coley furnishes a thoughtful and practical article on surgery of the abdomen, including hernia, in which his wide experience in the New York hospital stands him in good stead. He writes some interesting comment on the technique of Warren, of Boston, and that of W. J. Mayo, and a number of capital illustrations are of special value in bringing out important points in the operation for the radical, cure of hernia at it is performed by the best modern operators. Coley does not advocate the use of the silver wire filagree, which has been suggested by a number of operators, preferring to make use of buried, non-absorbable sutures for strengthening the wall where needed.

The use of the elastic ligature suggested by T. A. McGraw, of Detroit, in 1901, is taken up, and a number of excellent half-tones almost deprive the text of its necessity for existence. Maury is reported as concluding that the elastic ligature can be so inserted as to "punch out" as large an area of the juxtaposing walls as may be desired, with at least as much certainty and with greater safety than the Murphy button.

John G. Clark, of the University of Pennsylvania, handles the general subject of gynecology, taking up the questions of cancer, tumors and gonorrhœa, and Alfred Stengel, of the same university, writes an able article on the blood. With this he takes up diathetic and metabolic diseases, and diseases of the spleen, thyroid gland and lymphatic system.

Edward Jackson, of the Philadelphia Polyclinic, in his contributions to the department of ophthalmology, covers the literature admirably, and mentions some

striking cases of toxic amblyopias, among them several arising from the use of coffee, chocolate and tea. The series as a whole is steadily maintaining its reputation for close writing, and the fields covered are so diverse that each number should appeal to the general practitioner and to the specialist alike. Lea Brothers & Co. are generally very kind to their publications in the matter of paper, print and margins, and the present volume is no exception to their general rule.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia, U. S. A., with the Collaboration of Wm. Osler, M. D., Baltimore; John H. Musser, M. D., Philadelphia; Jas. Stewart, M. D., Montreal; J. B. Murphy, M. D., Chicago; A. McPhedran, M. D., Toronto; Thos. M. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M. D., London; Edmond Landolt, M. D., Paris, and Richard Kretz, M. D., Vienna, with Regular Correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume II. Fourteenth Series, 1904. Philadelphia, J. B. Lippincott Company. Pages, 309. Price, Cloth, $2.00.

Owing to the constant and wide-spread interest taken in the general subject of the spread of disease by insects, the article by Dr. Charles F. Mason on this topic is singularly timely and valuable. Dr. Mason has written from first-hand observation and his station at a Texas post of the army has given him much material for study. His text is well illustrated and this fact adds materially to its interest. In the same division of the work in which Maj. Mason's article is published is another practical article by Dr. Andrew Duncan, a London physician of wide-spread experience. In view of the new conditions of life to which Americans are now more widely subjected in tropical residence, both official and civil, his suggestions as to mode of life to be pursued by those returning from a sojourn in tropical countries to a comparatively cold climate should contain abundant suggestion to the practitioner who is called upon to prescribe for the individual suffering from the effects of a prolonged stay in hot climates.

The section on diseases of warm climates is well written, and includes a monograph on the "sleeping sickness" which has latterly attracted so much attention from investigators. There is also a good illustrated article on uncinariasis, by Allen J. Smith.

Under the general head of treatment, Dr. Walter L. Bierling, of Iowa, contributes an able article on the significance and treatment of the gastro-intestinal form of arterio-sclerosis. Of a more general character is John Benjamin Nichol's article on the etiology, diagnosis and treatment of arterio-sclerosis, and Dr. James M. French, of Cincinnati, Ohio, defines the limitations of the utility of digitalis in heart disease.

Frank Billings publishes a short clinical lecture embracing several cases, and George E. Malsbary reports a case of osteomalacia, with illustrations.

Under surgery, Dr. J. Torrance Rugh, of Philadelphia, has an excellently illustrated article on the non-operative treatment of ankylosed joints, the text taken from a clinical lecture delivered at the Jefferson Medical College hospital. The illustrations, which are in half-tone, are numerous and would convey a great deal of information, even without the presence of the text.

Short articles on Broncho-pneumonia in children, by Isaac A. Abt, and on Nasal Obstruction, by Francis J. Quinlan, complete a number which is unusually interesting, even for this uniformly interesting series. The purchaser gets his full money's worth.

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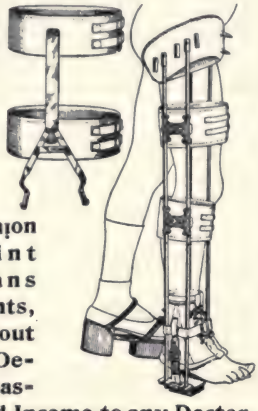

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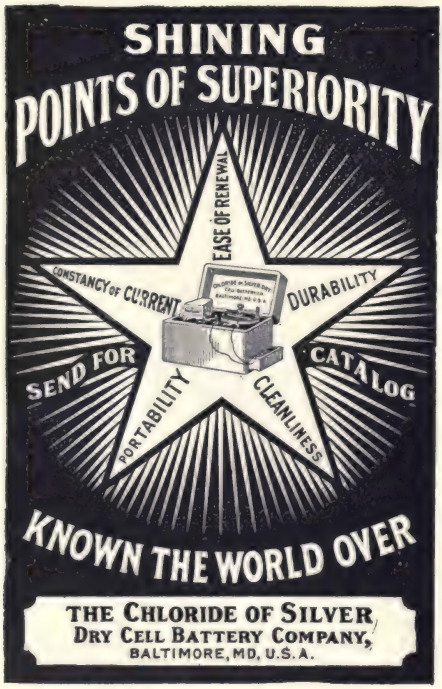

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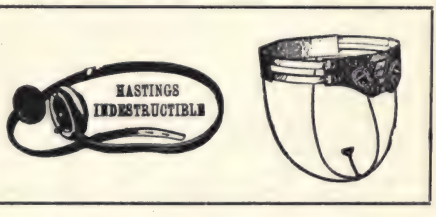

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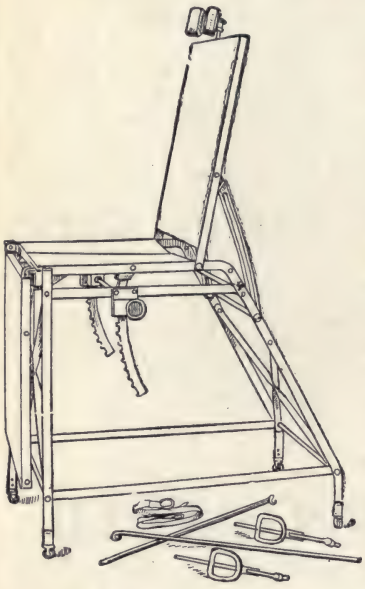

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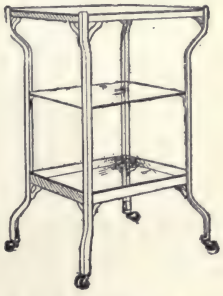

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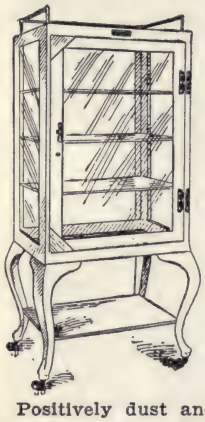

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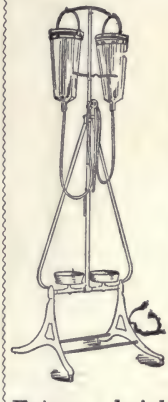

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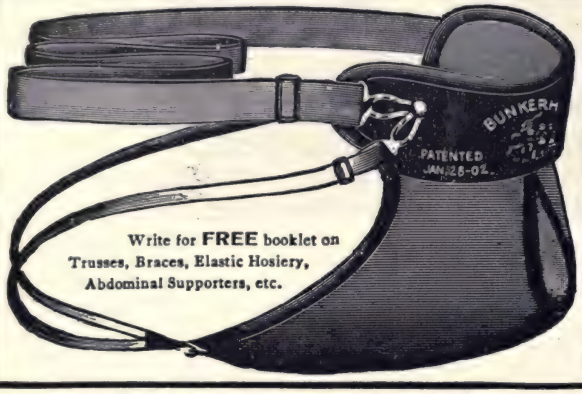

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PUBLISHER'S DEPARTMENT.

Amenorrhoea.

Dr. E. C. Willey, of Louisville, Ky., in the Southern Practitioner, says:

The treatment of amenorrhoea must comprehend attention to general considerations, and special indications must be remembered in the various expressions of amenorrhea.

"The treatment must, in a word, comprehend remedies and measures which are indicted by the etiological factors present in every case which comes up for treatment. When the amenorrhea is caused by having contracted cold, the patient should have a warm sitz bath, and hot applications should be applied to the abdomen and thighs. Often a hot vaginal injection will serve a most useful purpose, and a laxative, preferably a saline, will greatly aid in bringing on the flow.

"In amenorrhea, delayed menstruation and dysmenorrhea, Ergoapiol (Smith) has acted in my hands in a most satisfactory manner. In scanty menstruation, I found it particularly valuable, and I shall enter in detail about one of this character, later on in this article, where this agent brought on a full menstruation and the general health of the patient began to improve at once. When mental perturbation is a factor in these cases it is manifestly the duty of the physician to have the environments of the patient made as quiet as possible, and anti-spasmodic or nerve sedatives should be added to the treatment.

"When amenorrhea is associated with syphilis, the uric acid diathesis or morbid condition must receive correct treatment. My experience with Ergoapiol (Smith) is such that I regard it as an indespensible remedy in all expressions of amenorrhea along with the proper remedies for any diseased condition associated in the causation of the affection. Of course these cases where the amenorrhea is due to atresia of the cervical canal, and to any other condition which is remedial only by surgical means, drugs will prove of no avail. The same can be said of instances in the amenorrhea due to a rudimentary state of the female organs of reproduction.

"A lady some time ago brought her daughter to my office for treatment of amenorrhea. The girl was 18 years old and was visibly anaemic. She had an indifferent appetite and was more or less dispirited. She had enough menstrual flow each month to stain the napkin, but that was all that could be said. I had this patient take Ergoapiol (Smith), one capsule after each meal, and on going to bed regularly for a month. At the next menstrual period the discharge was without pain and free, and the quantity and color was as natural as she had ever known her menstruation to be. She took Ergoapiol (Smith) in the same way another month, and then ceased to have any further trouble; she is full of spirit, and, in a word, well."

Glyco-Thymoline in Burns.

Dr. F. M. Robbins, of West Springfield, Mass., cites a case which is of some interest as showing unusually favorable results in a case of burns of the third degree. The patient, a woman of twenty, was severely burned by the explosion of a lamp, which fell from her hands. The burned area extended from the ankles to the abdomen, while smaller areas were burned on the trunk. Dr. Robbins was called in nine days after the accident, being the fourth physician who had been in attendance. The patient was sinking and the prognosis seemed to be death within twenty-four to thirty-six hours. Large sloughs were separating from the calves and from the posterior portions of the thighs. Owing to the pain and lack of sleep, the patient was very much exhausted. All the dressings were immediately removed and the wounds washed with a twenty-five per cent solution of Glyco-Thymoline and then dressed with a fifty per cent solution of the same preparation. Within half an hour the patient had dropped into peaceful slumber and was discharged completely cured within one month. For a short time after leaving her bed she was compelled to use crutches, but within a few weeks she recovered complete command of her limbs. One remarkable feature of the case is the complete absence of scars and cicatricial tissue.

New York Medical Journal,
Jan. 17th, 1903.

Good and Seasonable.

A word about some remedial preparations which the busy practitioner will find always useful, particularly at this season of the year, will no doubt be of interest. First, we will mention the old time-tried antikamnia and salol tablet, so useful during the hot weather, even when the "grown folks" load up their stomach with the first offerings of the season. Hare says: "Salol renders the intestinal canal antiseptic and is the most valued drug in intestinal affections." The anodyne properties of antikamnia in connection with the salol render this tablet very useful in dysentery, indigestion, cholera morbus, diarrhea, colic, and all conditions due to intestinal fermentation. Then the "triple alliance" remedy, so well and favorably known by its self explanatory title, namely: "Laxative Antikamnia and QXuinine Tablets." To reduce fever, quiet pain and at the same time administer a gentle tonic-laxative, is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, we might mention coryza, coughs and summer colds, chills and fever, biliousness, dengue and malaria with their general discomfort and great debility.

We cannot overlook our old friend, the antikamnia and codeine tablet. The efficacy of this tablet in neuroses of the larynx is well known, but do all of our Doctor friends know that it is especially useful in dysmenorrhoea, utero-ovarian pain and pain in general caused by suppressed or irregular menses? This tablet controls the pain of these disorders in the shortest time and by the most natural and economic method The synergetic action of these drugs is ideal, for not only are their sedative and analgesic properties unsurpassed, but they are followed by no unpleasant after-effects.

Enterocolitis and Cholera Infantum.

Cleanse the intestinal tract with calomel and a saline or with castor oil. Prescribe a suitable diet, easily digested and non-irritating. Irrigate the rectum and colon at suitable intervals with normal salt solution or some mild antiseptic, using for the purpose a soft rubber catheter or colon tube.

Instead of opiates, which lock up the secretions and thereby favor auto-intoxication, relieve the muscular rigidity and the excruciating pain which is such a drain upon the vital forces, by the use of Antiphlogistine as hot as can be borne to the entire abdominal walls and covered with absorbent cotton and a compress. If the patient is not too far gone, the effect will be astonishing. The little sufferer, who until now has been tossing in agony and restlessness, with drawn features, will in most cases quickly become quiet; the drawn look will leave the face and a restful slumber will often supervene and start him upon the road to recovery.

The explanation of this, in part, is not far to seek. The heat and moisture combined with Antiphlogistine's well known hygroscopic properties, directly soothe the inflamed parts, reflexly contracting the visceral blood-vessels and relieving their engorgement. The tension of the muscular and nervous systems is further relieved by the action of Antiphlogistine through the solar plexus, thus adding to and emphasizing its local effects upon the inflamed intestines.

Nathan Anklet Supports.

Something that a physician will find of great value in many of his orthopedic cases are the Nathan Anklet Supports. They are designed on simple and effective lines, and are useful for the support of weak, sprained or wrenched ankles;

they slip over the foot, and lace up the front of the ankle, so that they are easily worn under a loose shoe. Light in weight, additional comfort is secured to the patient by a ventilating device which keeps the support from unduly heating the ankle. Those who wear them are secure against bow-leg, and when this condition is present, wearing the support is of material service in effecting a cure. They are manufactured by the Nathan Anklet Support Co., at 88-90 Reade St., N. Y. C., and the same firm also manufacture a flexible support for the arch of the instep which corrects the deformity of flat-foot in a most satisfactory manner. The latter have had the endorsement of eminent authorities in orthopedic work and they will be found entirely capable of doing the work for which they are designed.

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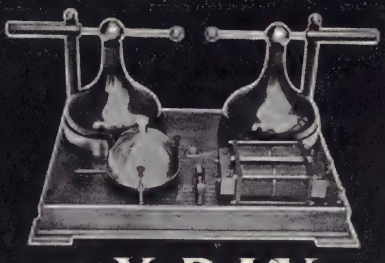

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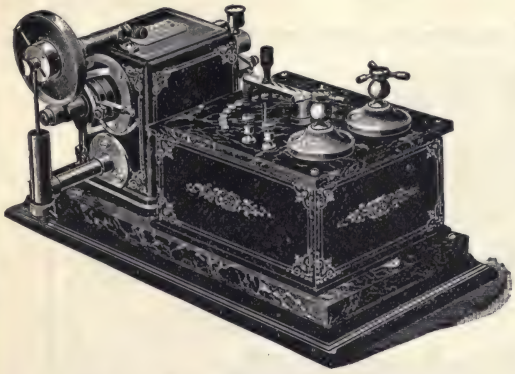

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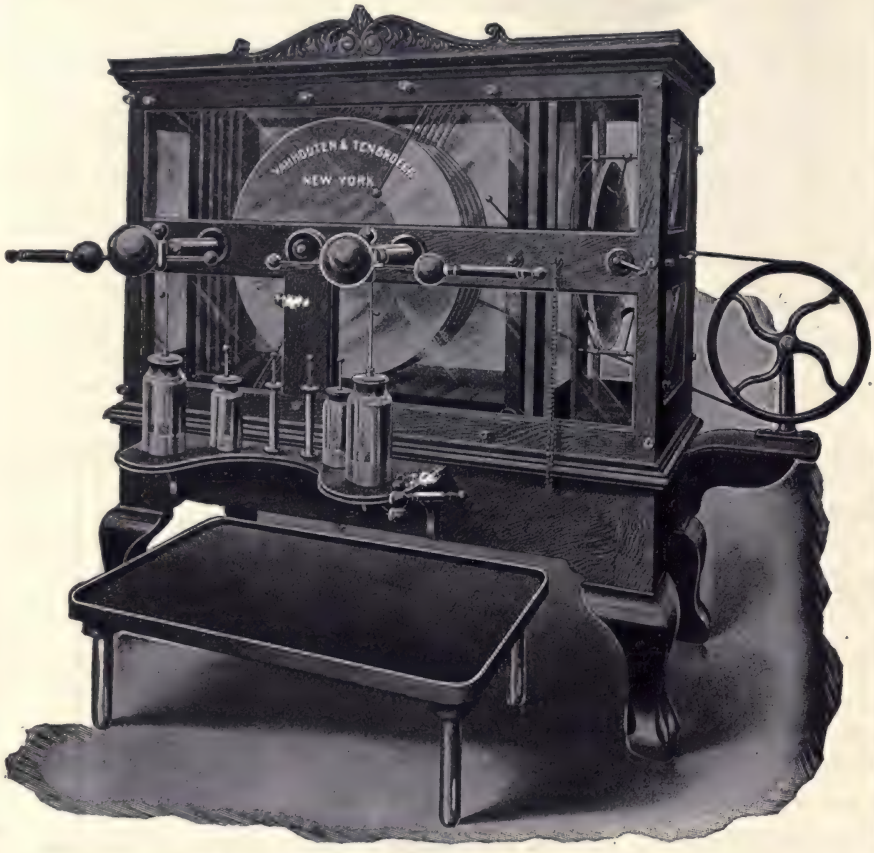

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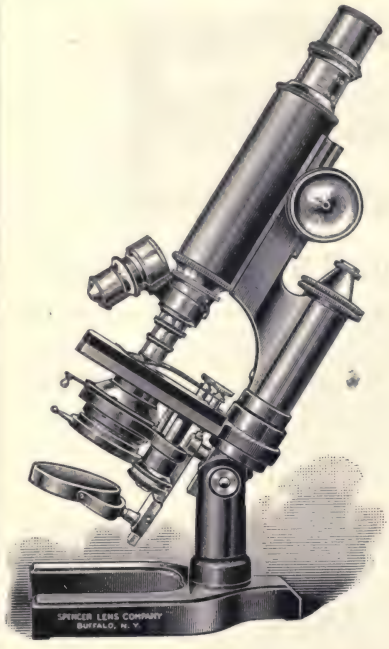

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